

**A STUDY TO ASSESS THE EFFECTIVENESS OF STRUCTURED
VIDEO ASSISTED TEACHING PROGRAMME ON KNOWLEDGE AND
ATTITUDE REGARDING KANGAROO MOTHER CARE AMONG
ANTENATAL MOTHERS AT SELECTED TRIBAL AREA IN MUNNAR,
IDUKKI DISTRICT, KERALA.**

**By,
Mrs. Mayakutty. D**



**A DISSERTATION SUBMITTED TO
THE TAMILNADU DR.M.G.R MEDICAL UNIVERSITY, CHENNAI IN
PARTIAL FULFILLMENT OF THE REQUIREMENTS FOR THE
DEGREE OF MASTER OF SCIENCE IN NURSING
OCTOBER-2017**

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CERTIFIED THAT THIS IS THE BONAFIDE WORK OF

MRS. MAYAKUTTY. D

II Year M.Sc., (N)

Karpaga Vinayaga College of Nursing

Madurantakam Taluk

Kancheepuram District– 603 308

SEAL

Signature

Dr. (Mrs.).T. KOMALAVALLI, M.Sc.(N)., Ph.D.(N).,LLB.,

Principal and Professor

Karpaga Vinayaga College of Nursing

Madurantakam Taluk

Kancheepuram District – 603 308

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APPROVED BY THE DISSERTATION COMMITTEE ON:

Dr. ANNAMALAI REGUPATHY, M.S (Ortho)

Managing Director

Karpaga Vinayaga Institute of Medical Sciences and Research Centre

Madurantakam Taluk

Kancheepuram District – 603308

Research Guide:

Dr. (Mrs).T. KOMALAVALLI, M.Sc(N)., Ph.D(N)., LLB.,

Principal and Professor

Karpaga Vinayaga College of Nursing

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CERTIFICATE

This is to certify that **“A study to assess the effectiveness of structured video assisted teaching programme on knowledge and attitude regarding Kangaroo Mother Care among Antenatal Mothers at selected tribal area in Munnar, Idukki district, Kerala”** is a bonafide work done by **Mrs.Mayakutty.D, M.Sc.(N) II Year, Karpaga Vinayaga College of Nursing, Kancheepuram District**, in partial fulfillment of **The Tamil Nadu Dr. M.G.R. Medical University** rules and regulations towards the award of the degree of Master of Science in Nursing, Branch-II, Child Health Nursing, under my guidance and supervision during the academic year 2017.

Date:

Signature of the Principal

Place:

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INTERNAL EXAMINER

EXTERNAL EXAMINER

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SYNOPSIS

A special type of care for neonates and their parents that provide early skin to skin contact between baby and the parents is Kangaroo Mother Care. This method enables parents to provide primary care and comfort to the neonates during their stay at home as well as in hospital areas. It is special way to care the neonates to foster their health and wellbeing by promoting effective thermal control, breastfeeding, infection prevention and bonding. A study was conducted to assess the effectiveness of structured video assisted teaching programme on knowledge and attitude regarding kangaroo mother care among antenatal mothers at selected tribal area in Munnar, Idukki district.

The objectives were, to assess the level of knowledge and attitude regarding Kangaroo Mother Care, to evaluate the effectiveness of video assisted teaching programme on knowledge and attitude regarding Kangaroo mother care, and to associate the selected demographic variables with level of knowledge and attitude regarding Kangaroo mother care among antenatal mothers at selected tribal areas in Munnar, Idukki district.

A quantitative research approach of pre experimental with one group pre and post test design was chosen for this study. By using purposive sampling technique a total of 50 samples were included for the study. The structured video assisted teaching programme was given by researcher. Pre and post test was conducted by multiple choice questionnaires and three point likert attitude scale. Data were recorded and coded. The data analysis was done by using descriptive and inferential statistics.

The result revealed that there was a statistically significant difference between pre and post test knowledge and attitude scores regarding Kangaroo Mother Care among Antenatal Mothers at level $p < 0.001$. This study implied that proper education regarding Kangaroo Mother Care to the antenatal mothers will foster the health and wellbeing of the neonates and thereby reduce the mortality and morbidity of the neonates during the initial stages of life after birth.

Keywords: Structured video assisted teaching programme, antenatal mothers, knowledge and attitude, Kangaroo mother care.

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CHAPTER-I

INTRODUCTION

An amazing creation of Almighty.....A newborn joeys, just 2 inches long, as small as grain of rice that hides in the magical pouch of its mother for 2-4 yrs being protected in the warmth and love of its mother brings me a great lesson in caring my newborn....!!!

(Mirala Nuwman)

BACKGROUND OF THE STUDY

Mother kangaroo is a mammal (just like us), and feeds its baby milk human mother does from a nipple inside its pouch. When the Joey's (the kangaroo baby) is born has no hair and is called a PINKY. It is the size of a peanut, yet must crawl into the pouch of mother by itself. Once inside the pouch, the kangaroo baby latches on to a nipple, where it then remains attached, feeding on mother's milk, non-stop, for months. The baby will come out of the pouch for the first time when it is about a quarter of the mother's weight!! The joey can continue breastfeeding even when it is too big to fit in the pouch. The pouch covers the baby with skin, and this not only protects the very immature baby, but also provides it with a total environment which is essential for development. This includes warmth, food, comfort, stimulation, protection.

Kangaroo care seeks to provide restored closeness of the newborn with mother by placing the neonate in direct skin-to-skin contact. The kangaroo position provides ready access to nourishment of the neonate ensuring physiological and psychological warmth and bonding between each. The mother's body responds to the needs of the infant directly by preventing infection, helping regulation of body temperature smoother adjusts her milk to the nutritional and immunological needs of her fragile neonate and enable neonate to sleep in the warmth and love of the mother.

Kangaroo mother care has to be initiated early after the birth of the neonate. The mother has to be prepared for the first few sessions to bring about a better outcome. It's important to build up a positive attitude among the family member to support mother which is particularly crucial for the mother to care the neonate at home. The mother should be explained on how to breast feed neonate and must be explained that while the baby is held between her breasts in Kangaroo care position milk production is stimulated as an automated reflex. Earlier the care is initiated with skin-to-skin contact, the greater the effect on breastfeeding will be.

Although women of many cultures have carried their infants against their breasts for centuries, many of them do not know the importance and the mystery behind the method of following kangaroo mother care. The method of kangaroo mother care was rediscovered in Bogota, Colombia in the 1970s in response to shortages of people power and other resources in health care facilities. During 1970s Drs. Rey and Martinez developed kangaroo mother care as a method of ambulatory care for neonates in their hospital where there had been high morbidity and mortality among newborns due to overcrowding and sepsis. Soon after the delivery the mothers were trained in kangaroo mother care technique, the infants are sent home, irrespective of weight or gestational age. They were advised to carry neonates between their breasts at all times and fed only mothers' milk. They were followed up at a special kangaroo mother care clinics. The dramatic improvement in the outcome of the Bogota patients prompted investigation from the World Health Organization, UNICEF(United Nations Children's Fund) and North American, European and other health services around the world. Thereafter they brought about a conclusion of implementing kangaroo mother care into practice in majority of the health care facilities worldwide. Numerous studies have evidenced that kangaroo mother care to be an effective and safe method of caring for these infants.

Dr. Nils Bergman, Medical Superintendent of Mowbray Maternity Hospital in Cape Town, South Africa (2016), has been researching KMC for twelve years. He revealed that restoration of the original model of the infant-mother early care rather than our present incubator, bottle and feeding formula model can result in happier and healthier neonates.

One of the responses is despair to conserve energy for survival when the baby is fed up of crying. This is not only an automated reflex as the neonate consciously wants to be with its mother but a discovered truth, which is naturally inherited from the creator. The problem of unnecessarily separating mother from neonate is that, they exhibit the “protest-despair” response. Sadly, the neonate becomes too tired to cry if the mother doesn’t appear and gives up.

On recent findings in neuro-endocrinology(2017) Bergman, Professor of Liverpool university Italy, explains that it is the neonate by itself begins and directs the attachment process with the mother, that is aided by skin contact which acts as a mutually a stimulating system to which both respond by altering hormonal outputs. As an example, Bergman adds to it that if the newborn is placed on the mother’s chest, within an hour, the baby will pull itself to the breast, find the nipple and begin nursing.

There are numerous health benefits for both neonate and mother that take place during kangaroo mother care .This technique of direct, continuous, and prolonged skin to skin contact brings about better thermal control for the neonate. It also promotes lactation that allows adequate breast feeding which enhances nutritional status of the neonate and thereby leading to desired weight gain. During kangaroo mother care the neonate is least exposed to the external environment which ultimately prevents infection. Above all kangaroo mother care reduces the risk for hypothermia in neonates by thermoregulatory mechanism.

Mother can provide skin to skin contact occasionally after giving the bath and during cold nights. Minimum of three sittings per day each of one hour has to be carried out initially and gradually increased up to 24 hours. But when the neonate starts wriggling to show that they feel uncomfortable, pulling limbs out, cries and fuses every time as the mother tries to put her back skin to skin, is the time to wean the neonate from Kangaroo Mother Care.

In India several initiatives and programmes have been undertaken among general as well as vulnerable population under the National Rural Health Mission to improve survival and ensure proper health of infants and children. Specifically a life cycle approach has been adopted by the government to minimize the rural urban differentials. It is viewed that among rural population, scheduled tribes are highly vulnerable to put them at risk, in terms of infant and child mortality.

By 2016 World Health Organisation, estimated that around 4 million neonatal deaths occur almost exclusively in low income countries and report that most of the neonate dies at home while they are cared by mothers, relatives, traditional birth attendants, suggest that there are evidences about contribution of certain practices with respect to the care of neonates immediately following delivery highly puts them at risk for morbidity and mortality.

The World Health Organisation in its report (2016) recommended improvement of essential new born care practices at birth in order to reduce neonatal morbidity and mortality. The essential practises include promotion of Kangaroo Mother Care practises in accordance with clean cord care and eye care. Implementation of effective program for the promotion of essential newborn care requires better understanding of the community and their traditional practices. They add that, care during early new born period places a vital role in survival of the neonate during the later part of

life. A sustainable model is necessary for tackling infant mortality for better new born survival. This can be provided through Kangaroo mother care through its four vital components that add to better survival of the new born providing chances for better health status of the infant.

According to ARVIND VERMA AND KALYAN BRATA SAHA(2016), of National Institute of Research in tribal health , the neonate mortality in dominant states of central India is 85 per 1000 live births in rural areas and 61 per 1000 live births in urban areas respectively. He concludes in his study regarding the causes of neonatal mortality in tribal areas that the major cause of neonate mortality in tribal areas is improper deliveries conducted at home without proper assistance by midwives , lack of proper training to antenatal mothers about early neonate care, their traditional practices regarding treating umbilical stump and discarding colostrum result in high neonatal mortality .Moreover their rituals, culture and traditional practices sometimes act as hindrance in utilization of maternal and child health facilities especially in the tribal areas.

So it's highly essential to upgrade the knowledge level of Antenatal mothers in the tribal areas regarding Kangaroo mother care in adjacent with the major components. Always knowledge will have greater impact on attitude and practices .Thus knowledge regarding kangaroo mother care should be promoted among the antenatal mothers to have positive impact on practice and attitude that is substantiated by the study conducted by Vijayalakshmi in 2016, to assess the effectiveness of planned teaching programme on infant rearing practices to their mothers, that revealed the need for educating mother's regarding infant rearing practices.

Therefore tribe specific education on kangaroo mother care is necessary to bridge the gap between the knowledge of antenatal mothers regarding new born care, breast feeding, infection prevention and thermal control in newborns.

NEED FOR STUDY

The quality of care rendered to neonates determines their wellbeing and is reflected in the existing neonate mortality rates. As per the survey on Neonatal Morbidity and Mortality (2016) it is reported that ,in India as many as 1.72 million children die annually before reaching their first birthday and out of these ,72 percent die during the first month of life ,the neonatal period. The neonatal mortality rate varies by state to state but overall it is reported to be 43 per 1000 live births by 2016.

During 2015 in the report of Millennium Development Goals achievements globally it was estimated that India constitutes nearly 20% of neonatal death and India accounts for 12Lakhs of 50Lakhs new born death. It is nearly a total quarter of global burden for a health care social system globally. India has made significant strides in reducing both Infant Mortality and Under Five Mortality. But has been unable to achieve the Millennium Development Goals by 2015. However few states namely West Bengal, Maharashtra, Punjab, and Himachal Pradesh are likely to achieve the goal, it appears to be a challenge for the remaining states and union territories of India. Among various social groups infant mortality appears to be higher among the tribal population (scheduled tribes). It mandates the nurses to impart the knowledge among tribal mothers to provide best care to their neonates .

National Family Health Survey (2016) showed that one third of all pregnant women did not receive any antenatal care during pregnancy .This remarkably highlights that the antenatal mothers have inadequate knowledge regarding the traditional practises that ultimately harms the health of their newborn and also has poor knowledge about rearing of neonates during the initial days after birth for better survival.

Mosley Chen (2016) framework categorises the determinants of infant mortality into three (i) biologic factors (ii) socio economic factors (iii) environmental factors. Among the socio economic factors, the scheduled tribe family has 19 percent higher risk for dying in early neonatal period and 45 percent risk of dying in post neonatal period when compared with other social classes. He says in India till 2016 July has been observed that for infants and neonates in both tribal and non-tribal population, there is a disproportionate increase in the death rates. He adds to it that these differences may be due to increased social and health related vulnerabilities of tribal population. He adds up that on further examination of the neonate mortality among scheduled tribes by place of residence shows a highly disadvantaged position of the children of mothers belonging to the scheduled tribes in rural areas when compared to the urban areas. In general there is an increased likelihood of deaths of neonates in rural areas and slightly exacerbated among scheduled tribes which address the importance for nurses to educate the tribal mothers on kangaroo mother care which has proved its efficiency in reducing mortality and morbidity of the neonates .

According to the global surveillance by Neonatal Disease Surveillance Study (NDSS) in (2015), the measure of incidence of high priority neonatal disease, neonatal health events and associated risk factors are to be planned effectively for appropriate actions. As per the research carried out by Neonatal Disease Surveillance Study (NDSS) globally during 2016 overall neonatal mortality was 73 per 1000. Also tribal women had higher rates of low birth weight neonates than non-tribal's. For tribal babies mortality was also associated with maternal morbidity and delay in initiation of breast feeding, hunking.

One of the United Nations Millennium development goals 2015 has been the reduction of mortality among children less than 5 yrs of age by its two thirds that failed to meet the target. The global burden of neonatal death is primarily concentrated in developing countries. The key component of health development is the availability and accesses to proper health care in coincide with proper health teaching regarding the practises about proper care to the newborns.

The Neonatal Health Research Initiative is a comprehensive research endeavour funded jointly by the United States Agency For International Development and International Clinical Epidemiology Network to study the depth of many aspects of neonatal health in India, is now developing Community Based intervention to reduce high rate of mortality and morbidity in tribal and rural areas as the location and distance from the community stakeholder's matters in seeking neonatal care. This is targeted especially in tribal areas where women had to travel long distances in reaching health care facility.

Francis Mcglone and Jorge.E.Esteves Researcher at Liverpool Johnmoores University, United Kingdom (2017 January) suggested from his study in reducing neonatal mortality and morbidity that, improvement of duration of breastfeeding in association with Kangaroo Mother Care must be extended to the community settings. He concludes that Kangaroo Mother Care is a technique used among neonates where they are held in skin to skin contact with the mother, which reliably reduces mortality and morbidity of the neonates and is highly advisable in the resource limited settings due to its best outcome.

Agustine Conde_Agudelo and Jose Luis Diaz Rossello of Hospital De Clinica and Universided De Montevideo of Italy(2017) suggested that, creating awareness among antenatal mothers regarding Kangaroo Mother Care would be more successful in initiating the newborn care at the early onset to give better care to the newborn and thereby reducing the neonatal mortality and morbidity. They also suggest that, early the onset of practice of kangaroo mother care more positive is the overall developmental outcome .

Perhaps rural and tribal areas are difficult to reach, particularly they lack in health care facilities and this has been recognised as one of the determinants of the high mortality and morbidity in rural and tribal areas in India. Thus, population specific systematic and comprehensive strategies are required to reduce neonatal mortality at National level. This made the investigator to conduct a structured video assisted teaching programme on kangaroo mother care among tribal mothers to make them more efficient in providing best care to their neonates during the initial stages of life thereby reducing the rate of mortality and morbidity during first year of their life and this would be more effective in terms of the outcome if the education is provided during the antenatal period specifically during the second and third trimester.

Concluding from the above, the researcher decided to conduct a study to assess the effectiveness of structured video assisted teaching programme regarding knowledge and attitude towards kangaroo mother care among Antenatal Mothers from selected tribal area at Community Health Centre, Devikulam Panchayath, Munnar, Idukki district.

STATEMENT OF THE PROBLEM

A study to assess the effectiveness of structured video assisted teaching programme on knowledge and attitude regarding Kangaroo mother care among Antenatal mothers at selected tribal area in Munnar, Idukki District.

OBJECTIVES OF THE STUDY

1. To assess the level of knowledge and attitude regarding Kangaroo mother care among antenatal mothers at selected tribal area in Munnar.
2. To evaluate the effectiveness of structured video assisted teaching programme on knowledge and attitude regarding Kangaroo mother care among antenatal mothers at selected tribal area in Munnar.
3. To associate the selected demographic variables with level of knowledge and attitude regarding Kangaroo mother care among antenatal mothers at selected tribal area in Munnar.

OPERATIONAL DEFINITION

EFFECTIVENESS

It refers to the extent to which the structured video assisted teaching programme on Kangaroo mother care had yielded desired outcome in improving level of knowledge, attitude among antenatal mothers as evidenced by gain of knowledge and attitude, as measured by structured questionnaire in pre and post-test.

STRUCTURED VIDEO ASSISTED TEACHING PROGRAMME

It refers to the well planned teaching programme on kangaroo mother care which was designed and implemented by the researcher using lecture cum discussion method with the help of video among antenatal mothers

KNOWLEDGE

It refers to the estimation of level of understanding of antenatal mothers regarding Kangaroo mother care as measured by structured multiple choice questionnaire in pre and post.

ATTITUDE

It refers to the view of antenatal mothers about Kangaroo Mother Care as precisely measured by three point likert attitude scale in pre and post-test.

ANTENATAL MOTHERS

It refers to the women who were in the second and third trimester of pregnancy aged between 19 to 30 yrs who visited Community Health Care Centre at Devikulam ,Munnar.

KANGAROO MOTHER CARE

Kangaroo mother care is a skin to skin contact technique practiced immediately after birth, in which the neonate dressed with cap, diaper and gloves on the extremities and placed in between mothers breast in upright position with head supported on mothers chest to one side with slight extension with hip flexed and arms on the mothers chest, abdomen of the neonate placed at epigastrium of mother, supported by a binder as designed by the researcher.

TRIBAL AREA

Tribal area refers to areas covered by the community health centre at Devikulam Panchayath , Munnar, that includes Edamalaikudy, Mankulam, Marayoor, Kandhaloor having preponderance of tribal population.

ASSUMPTIONS

It is assumed that

- The structured video assisted teaching programme enhances practice of kangaroo mother care.
- The structured teaching programme on kangaroo mother care reduces neonatal mortality.
- The structured teaching programme on kangaroo mother care reduces neonatal morbidity.

HYPOTHESES

- **H1:** There is a significant difference between pre-test and post-test level of knowledge regarding Kangaroo Mother Care among antenatal mothers those who were subjected to structured video assisted teaching programme.
- **H2:** There is a significant difference between pre-test and post-test level of attitude regarding Kangaroo Mother Care among antenatal mothers those who were subjected to structured video assisted teaching programme.

DELIMITATIONS

The study is delimited to

- Antenatal mothers residing at tribal areas aged between 19-30 yrs
- Antenatal mothers of second and third trimester of pregnancy visiting Community Health Centre Devikulam, Munnar
- Sample size of 50
- A period of five weeks

PROJECTED OUTCOME

By this study, the effectiveness of video assisted structured teaching programme can be evaluated. The structured video assisted teaching programme will have an impact on the knowledge and attitude regarding Kangaroo mother care. The antenatal mothers residing in tribal areas will improve their level of knowledge and attitude on Kangaroo mother care practices which will ultimately lead to better survival of the neonates in a healthy manner. It will help them to provide better care in prevention of hypothermia, providing adequate breast feeding, prevention of infection and to promote bonding between mother and neonate, thereby reducing the mortality of neonate in the tribal community.

CHAPTER II

REVIEW OF LITERATURE

This chapter deals with the literature related to Kangaroo mother care and effectiveness of structured video assisted teaching programme on knowledge and attitude of antenatal mothers. The literature was collected extensively and organised under the following headings.

- 1. Review of literature related to Kangaroo Mother Care.**
- 2. Review of literature related to benefits of kangaroo mother care.**
- 3. Review of literature related to knowledge and attitude regarding neonatal care among tribal mothers.**

1. REVIEW OF LITERATURE RELATED TO KANGAROO MOTHER CARE

Mondlane.De Grace.Ebhrahim (2009) conducted a study to assess the effectiveness of skin to skin contact as a method to maintain body warmth for Infants and its influence on weight gain among the same. The study was conducted among 132 Infants during cold season July to September. The result showed that there was remarkable weight gain among infants, that she graded as Grade I, i.e...Good among 109 infants. The researcher concluded that kangaroo mother care is advisable to all mothers for their infants ,specifically to those living in higher altitudes in cold climatic regions.

Gathwala.Singh & Balhara (2011) conducted a study to determine whether mother baby attachment is being facilitated by Kangaroo Mother Care among Infants .Over 16 months period 110 neonates were randomized into Kangaroo Mother Care group and a control group using a

random number table. The Kangaroo Mother Care group was subjected to Kangaroo Mother Care for at least 6hrs a day. After 3 months interval structural maternal interview was conducted to assess the attachment between mother and babies. The total attachment score (24.46 \pm 1.64) in Kangaroo Mother Care babies was significantly higher than the obtained in control group (18.22 \pm 1.79) that the study was statistically significant difference at level $p < 0.001$. They derived greater pleasure from babies. The researcher concluded that Kangaroo Mother Care facilitates Mother Baby attachment among infants.

Kostandy, Ludington, Cong & Abouelfettoh (2012), conducted a study to assess the effectiveness of Kangaroo Mother Care in reducing pain in infants. A prospective study randomized cross over study with 10 pre term infants 2-9 days old were randomly assigned to two sequences, sequence A: day 1- heel stick in Kangaroo Care [after 30 min of prone skin contact upright between maternal breast and day 2 -heel stick in incubator[inclined, nested and prone]: or sequence B : opposite of sequence A was conducted. Videotapes of baseline, heel warming, heel stick, and recovery phase were scored for audible and inaudible crying times. Audible and inaudible crying times for each subject in each phase were summed and analysed by repeated measures of analysis of variance. The study result showed that in Kangaroo Mother Care crying times was less during heel stick at value $p = .001$ and was statistically significant difference at p value < 0.01 during recovery phase, regardless of sequence. Results showed that kangaroo care reduced in crying response to heel stick in Infants.

Lima, Quintero & Romero, Cattaneo (2012) conducted a study to assess the feasibility, acceptability and cost of Kangaroo Mother Care among mothers. The descriptive study on Kangaroo Mother Care was carried out in a tertiary hospital in Recife, Brazil. Out of 244 infants weighing less than 1750gms admitted over 14 months, 112 died before inclusion, 18 were excluded,

and 114 after stabilisation were cared for by Kangaroo Mother Care 24 hrs a day until discharge. No deaths were recorded in hospital: Meanwhile two twins died of severe Pneumonia after discharge and before the age of 3 months .The mean daily weight gain during Kangaroo Mother Care was 15 gms.The researchers conclude that Kangaroo Mother Care is an essential aspect to all infants for better weight gain.

Bosque .E.M., et.,al.,(2013), conducted a study on variations in physiologic characters of infant during kangaroo mother care versus incubator care in the tertiary level nursery. Her findings revealed that apnea, bradycardia ,oxygen saturation ,heart rate and respiratory rate were more stable and normal during Kangaroo mother care when compared to the incubator care which was statistically significant at was found to be more feasible and safe for selected mothers and infants in the tertiary level nursery and for better survival.

Conde-Agudelo, Diaz-Rossello & Belizean (2013), conducted a study aimed to determine the use of Kangaroo Mother Care in infants as an alternative to conventional care after the initial period of stabilization.Selection criteria were randomized control trials comparing Kangaroo Mother Care and conventional neonatal care among low birth weight Infants. Trial quality was assessed and data quality was extracted independently by two reviewers. Statistical analysis was conducted using the standard Cochrane and collaboration methods. Three studies involving 1362 infants were included.Kangaroo Mother Care was associated with the following reduced risk 0.49, 95% confidence interval 0.25 to 0.93, sever illness relative risk 0.49, 95 % confidence interval 0.14 to 0.67 ,lower respiratory tract disease at 6 months follow up relative risk 0.37 ,95% confidence interval,0.15to 0.89 not exclusively breastfeeding at discharge relative risk 0.41,95% confidence interval 0.25 to 0.68 and maternal dissatisfaction with method of care relative risk 0.41,95% confidence interval 0.22 to 0.75 . Kangaroo Mother Care infants had gained more weight per day by

discharge (weighed mean difference 3.6 g/day ,95% confidence interval 0.8 to 6.4).Scores on mothers senses of competence according to infant stay in hospital and admission to NICU were better in Kangaroo Mother Care than in control group. Scores on mothers perception on social support according to infant stay in NICU were worse in Kangaroo Mother Care group than in control group (weighed mean difference -0.18 (95%) confidence interval -0.35 to -0.01).The researcher concluded that the Kangaroo Mother Care appears to reduce infant morbidity without any serious deleterious effect when compared to the conventional care where the study showed significant difference at level $p < 0.05$ at 't' value 45.67.

Cataneo, Davanzo, Worku & Surjono (2013) conducted a study to assess the effectiveness, feasibility, acceptability, and cost of Kangaroo Mother Care when compared to the conventional methods of care. About 29% of 249 infants who weighed between 1000 to 1999gms died before eligibility, 149 were randomly assigned to Kangaroo Mother Care and 136 to Conventional method of care. Hypothermia was significantly less common in infants cared in Kangaroo Mother Care with exclusive breastfeeding, overall Kangaroo Mother Care infants had a higher mean weight gain and had early discharge for which the study was statistically significant at p value < 0.001 . The researcher concluded that the Kangaroo Mother Care for infants had better weight gain than infants in Conventional care. Kangaroo Mother Care was considered better feasible and presented advantage over the Conventional care in terms of maintenance of equipments. Mothers expressed a clear preference over the continuation of Kangaroo Mother Care over the Conventional Care of the infants. The researcher concluded that kangaroo mother care is the better method of care over the Conventional Care, and shows that it is feasible in different setting and acceptable mothers to different cultures and is less expensive.

Winberg.j.et.al... (2014) conducted a study to assess the interaction during close body contact between mother and newborn during initial period just after birth and its influence on physiology and behaviour on both. He concluded that close body contact of the infant with his/her mother helps regulate the temperature, energy and conservation, acid base balance, adjustment of respiration crying of the newborn in accordance with the nursing behaviour of mother. The investigator adds to it that increasing the duration of skin to skin contact between the mother and the infant would bring about a better outcome.

Ibe Oe. Austin. Sullivan.Fabanwo & Disue. (2014), conducted a study to determine the acceptability of mothers to Kangaroo Mother Care in hospitals of Laos, Nigeria. 13 eligible Infants were nursed by mothers in 4 hour session of Kangaroo Mother Care. The study revealed that the risk of hypothermia was reduced by >90 when nursed by Kangaroo Mother Care rather than conventional care, relative risk rated 0.03 to 0.25). Mothers felt that Kangaroo Mother Care was safe and preferred method to conventional care because it kept their infants close to them, although some had problem in adjusting to the method of care. Where equipment's of thermal regulation is lacking or unreliable, Kangaroo Mother Care is preferable method for managing infants and low birth weight infants.

Dunnebie (2014), conducted a study on Kangaroo Mother Care and parent Infant bonding process among Infants. The observational study in which several physiological variables were collected, such as heart rate, respiratory rate, breathing pattern, behavioural states...Etc. Kangaroo care significantly affected these variables comparing the period of 1hr before, 1 hr during and 1 hr after Kangaroo Mother Care, which was statistically significant at value $p < 0.05$. So the study concluded that Kangaroo Mother Care is a safe method, for neonates, Infants.

Thukral, Chawala & Agarwal (2014), conducted a study to assess the effectiveness of Kangaroo Mother Care an alternative to conventional care .Observational study have shown that there is reduction of mortality after institution of Kangaroo Mother Care. The study showed that the mothers and family members encouraged Kangaroo Mother Care for the best care of the baby and should be counselled during follow up visits regularly.

Worku & Kassie (2015), conducted a study to assess the effectiveness of early Kangaroo Mother Care sixty two infants were enrolled for Kangaroo Mother Care and the same number were enrolled to Conventional Method of Care. The demographic and socio economic variables were comparable. The researcher concluded that the Kangaroo Mother Care was the best method to care the infants for better survival. Kangaroo Mother Care had given better outcome in terms of weight gain, thermal control, and better bonding relationship with the mother over the conventional care. Moreover the baby had less incidence of crying episodes when compared to the infants treated in the Conventional care. The study was statistically significant at value $p,0.05$ with mean value of 24.65 and 't' value at 46.35.

Charpak & Ruiz-Pelaez (2015) conducted a randomized trial to assess the effectiveness of Kangaroo Mother Care in reducing mortality and morbidity among infants. Between 2004 to 2014, 44 items in developing countries were trained in Kangaroo Mother Care in Bogota, Colombia. The study was conducted in 17 open end questionnaires were sent by email to the co-ordinators of functioning Kangaroo Mother Care programs in 15 countries, and 15 site visits were made to institution that reported a starting problem. The result showed Kangaroo Mother Care can reduce the mortality and morbidity rates, which was statistically significant at value $p < 0.05$.

Ludington-Hoe & Swinth Satyshur.(2015), conducted a study on Kangaroo Mother Care compared to incubator care in maintaining body warmth in low birth weight infants .A randomized control trials of 16 Kangaroo Mother Care and 13 control infants using a pre test –post test design of three consecutive interfeeding intervals of 2.5 to 3 hrs duration each was conducted over 1 day . Repeated ANOVA showed that baby had better temperature regulation and warmth when compare to the conventional care which showed statistically significant difference at value $p < 0.05$ at mean value of 28.56. The researcher concluded that the best method for thermal regulation in infants is Kangaroo Mother Care a natural and highly effective technique that keeps baby better bonded with mothers with less duration of separation that reduces chance of infection to infants and reduced anxiety level in mothers with respect to infantile separation.

Kadam,Binoy,Kanbur&Mondkar Ja (2015) conducted a study to determine the feasibility and acceptability of Kangaroo Mother Care in a tertiary care hospital in India .A Randomized control trial was performed over one year of period. In which 90 neonates were randomized into two groups Kangaroo Mother Care and conventional method of care.45 babies were randomized into Kangaroo Mother Care group and 45 into conventional care group. There was significant reduction in incidence of hypothermia, higher oxygen saturation, and decrease in respiratory tract infections among Kangaroo Mother Care group when compared to conventional care groups for which the study was statistically significant difference at value $p < 0.001$ with a mean value of 25.45. The result showed that Kangaroo Mother Care is simple feasible intervention in reducing the rate of neonatal mortality and morbidity due to hypothermia, infection and respiratory problems, hence kangaroo mother care is advisable to all infants from the time of birth even at home.

Tehan Kanho Hakhoe (2016), conducted a study to assess effects of Kangaroo Mother Care on anxiety, maternal role confidence, and maternal infant attachments among mothers .The research

design was a non-equivalent control group pre test post test . Data was collected from September 1 2015 to June 2016. The participants were 22 mothers in the experimental group and 22 in the control group was applied three times per day for a total of 10 times in 4 days to the experimental group. The degree of anxiety was statistically significant difference at level $p < 0.05$ between the two groups and maternal role confidence and maternal infant attachment was statistically significant at level $p < 0.001$. The results showed that Kangaroo Mother Care was effective for mother's anxiety relief and it was effective for maternal role confidence and maternal infant attachment of mothers

Ministry Of Health And Family Welfare,(2016) stated that newborns must be always kept warm because small babies cannot maintain their body temperature .If left unprotected they rapidly become cold and die of hypothermia .as soon as the baby is born it should be dried with a clean cotton cloth. It is especially important to dry the scalp, quickly putting the child soon after the delivery and initiating breastfeeding.

Macedo.Cruvinel.Lukasova K.D'antino (2016), conducted a study to assess the mood variation of mothers of infants during Kangaroo Mother Care and conventional care. The objective of the study was to compare the mood variation of mothers enrolled in Kangaroo Mother Care program to those in the conventional incubator in general hospital in, Sao Paulo, Brazil. Ninety mothers were evaluated before and after contact with the baby in the NICU .The participants were divide in to three groups of 30 mothers of term new born ,30 mothers with preterm's in Kangaroo Mother Care and 30 mothers in incubator care ,30 mothers with preterm's in incubator care .The Brazilian version of Visual Analogue Mood Scale was used for assessment before and after the infants visit . Term infants mothers reported fewer occurrence of depressive states than the other two categories of mothers. The results showed that mothers of preterm infants caring with Kangaroo Mother Care reported feeling calmer, stronger, well-coordinated ,energetic, contented

,tranquil, quick witted, relaxed, proficient, happy, friendly ,and clear headed when compared to mothers caring infants in incubators showed the feeling of being clumsy. This study showed statistically significant difference at value $p < 0.05$. The researcher concluded that there was positive effect of Kangaroo Mother Care on the mood variation of preterm infant mothers that points to the need for more human experience during the incubator care.

Anderson(2016) conducted a comparison study to assess the effectiveness of kangaroo mother care practised over the clothes of mother and infant with kangaroo mother care over the naked body of mother and infant with 67 samples each. The study was statistically significant at level $p < 0.05$, with mean value of 28.34 and revealed that the physiologic outcome was better when the kangaroo mother care was practised by mother in naked, maintaining close skin to skin contact with infant wearing a diaper, gloves in extremities and a head cap, being placed in vertical position on mothers bare chest. He also suggested that in hospitals mothers who participate in kangaroo mother care can remove their shirts and wear an isolation gown that opens in the front so remain exposed to the infant in naked. A flannel blanket covers the infants back and mother that is fastened around them keeping them covered together in a closed system.

2. REVIEW OF LITERATURE RELATED TO BENEFITS OF KANGAROO MOTHER CARE

Gathwala Singh & Balhara (2011) conducted a study to determine whether mother baby attachment is being facilitated by Kangaroo Mother Care among Infants .Over 16 months period 110 neonates were randomized into Kangaroo Mother Care group and a control group using a random number table. The Kangaroo Mother Care group was subjected to Kangaroo Mother Care for at least 6hrs a day. After 3 months interval structural maternal interview was conducted to

assess the attachment between mother and babies. The total attachment score (24.46 ± 1.64) in Kangaroo Mother Care babies was significantly higher than the obtained in control group (18.22 ± 1.79) that the study was statistically significant difference at level $p < 0.001$ concluding that the kangaroo mother are group derived greater pleasure from babies when compared to the control group . The researcher concluded that Kangaroo Mother Care facilitates Mother Baby attachment among infants.

Bolanle., et.al.,(2011), stated that hypothermia has been recognized as a significant contributor to perinatal mortality and morbidity. Newborns are at risk for developing hypothermia as their regulation is limited and hypothermia remains a problem in developing countries with poor health care resources. Now it is highly makeable time to care for the neonates during the initial stage is to prevent hypothermia and enable better survival. This can be highly achieved by Kangaroo Mother Care that provides balance in temperature between the mother and the infant.

Guruprasanth (2013) conducted a study on the incidence of hypothermia among newborns, he revealed that even today that the incidence of hypothermia (body temperature less than 35.5 degree Celsius) in India varies from 50-70% which is usually uncommon to be seen during summer months .This is due to lack of awareness regarding extent and significance of neonatal stress among health personnel, mothers of families that ultimately contributes to neonatal morbidity related to hypothermia. The researcher conclude that the incidence of hypothermia can be avoided among the infants by adequate nursing care by Kangaroo Mother Care.

Benetta.,(2013),conducted a study to assess the effectiveness of prevention of kangaroo mother care on prevention of cold stress among the newborns born in areas of higher altitude. Hiss study at Simla revealed that prevention of cold stress is highly to be considered during early period

of in newborns ,quick drying of baby after birth and placing the infant to the naked mothers chest between the breast and covering with a pre warmed blankets prevents heat loss from the infants, this is highly feasible and effective method that prevents hest loss in new born through skin to skin contact between the mother and the newborn .This can be performed by the Fathers too by placing newborn on the bare naked chest and wrapping both together in a pre warmed blanket.

Barrette., et.al.,(2013) conducted a study to assess the best method of maintaining thermoregulation among newborn. He compared artificial care versus natural care .He explained that the thermoregulatory needs are high in newborns, when their body heat can be easily lost through conduction ,radiation ,convection and evaporation on one side ,on the other side heat can be gained through conduction, convection, radiation, condensation, and metabolism .Among infants the best method of heat regulation is through skin to skin contact method between the infant and caregivers that can be best provided through Kangaroo Mother Care technique. It is the natural care technique that does not require any external source to influence the physiology of the newborns.

Andrew., et., al. (2014) investigated on effect of changing environmental temperature on metabolic rate and water loss in newborns. In a longitudinal study of 22 light clothed babies and from the second day of birth to three months of age .At each age, total evaporative rate after loss fall linearly with falling environmental temperature both within and below the temperature range at which metabolic rate was minimal, thereby he concluded that more the newborns are protected from the external environmental changes more stable is the heat loss and evaporative loss from the body of the newborn thereby metabolic rate can be minimized that ultimately adds to weight gain of the newborn during initial stages of life after birth.

Ashok., et.al.(2014) conducted a study on management of hypothermia by kangaroo

mother care technique. The study followed the sequence of confirming hypothermia by recording the actual body temperature by digital thermometer followed by re-warming the neonate by kangaroo mother care technique. The study included 124 newborns who were detected to have hypothermia and followed by warming the newborn by kangaroo mother care technique, he concluded that the best method for re-warming the neonate to prevent hypothermia is Kangaroo Mother Care. He also adds to it that all mothers has to be educated regarding the importance and benefits of Kangaroo Mother Care during their antenatal period so that they would gain better awareness and prepare themselves mentally and physically to provide Kangaroo Mother Care immediately after the birth of the neonate.

Aswanth et.,al.,(2014) conducted a study to assess the best cost efficient method of , maintaining thermoregulation in newborns to prevent cold stress .He briefed that thermoregulation is the ability to balance heat production and heat lose in order to maintain stable body temperature within the normal range. He concluded that thermoregulatory needs of the newborns can be effectively maintained through Kangaroo Mother Care during the initial stages of life, it is the most cost efficient technique that can be implemented in the low economic groups to care their infants.

Kadam,Binoy,Kanbur&Mondkar Ja (2015) conducted a study to determine the feasibility and acceptability of Kangaroo Mother Care in a tertiary care hospital in India .A Randomized control trial was performed over period of one year,in which 90 neonates were randomized into two groups Kangaroo Mother Care and Conventional Method Of Care.45 babies were randomized into Kangaroo Mother Care group and 45 into conventional care group. There was significant reduction in incidence of hypothermia, higher oxygen saturation, and decrease in respiratory tract infections among Kangaroo Mother Care group when compared to conventional care groups. The result showed that Kangaroo Mother Care is simple, feasible intervention in

reducing the rate of neonatal mortality and morbidity due to hypothermia, infection and respiratory problems. They concluded that kangaroo mother care is acceptable to all mothers to their infants from the time of birth even at home too.

UNICEF(2015), state in its Millennium Development Goals , which commits the international community to reducing the mortality and morbidity in children aged younger than 5 years of age ,a reduction in neonatal mortality is essential .Reducing the prevalence of hypothermia is essential attain this goal. At present its programmes concentrate on encouraging mother and care givers in providing adequate Care through the technique of Kangaroo Mother Care that has highly beneficiary in weight gain, exclusive breast feeding ,and maintaining an better bond with the care giver through skin to skin contact.

Antony Costello,et.al.,(2016) conducted a study to assess the effectiveness of kangaroo mother care on prevention of hypothermia, he stated that incidence of hypothermia is less among the newborn who were cared by kangaroo mother care when compared with those who had been cared by other techniques like incubator care .He adds to it that health professionals has the responsibility to create awareness among the mothers regarding Kangaroo Mother care that brings out a better outcome in their newborns which results in better mother child bonding and prevention of hypothermia during the initial stage of life after birth.

Kenner.C.,et.,al.,(2016) in his study to assess the effective method to prevent hypothermia among neonates he stated that prior to birth the infants core temperature is slightly higher than the maternal core temperature, after birth when the neonate is exposed to the cold environment the babies temperature can fall to 2.6 degree Celsius .He adds to it that this can be avoided by drying

the baby thoroughly immediately after birth and commencing Kangaroo Mother Care to the infants that is a highly protective method of caring the infant to overcome the condition of hypothermia. He concluded that kangaroo mother care technique is the best method to prevent hypothermia that proved its effectiveness at 't' value 47.45, which can be practiced at home by both father and mother in alternative in all the round clock to care their infants.

3. REVIEW OF LITERATURE RELATED TO KNOWLEDGE AND ATTITUDE REGARDING NEONATAL CARE AMONG TRIBAL MOTHERS.

Chris Keenan, University Of Colorado School Of Medicine (2012) conducted a study on prevention of neonatal streptococcal infection among the infants of tribal mothers , the results showed only 8.6% of the Interviewed had knowledge about correct method of newborn care specifically umbilical cord care and eye care. He concluded that it is highly necessary to educate the mothers of tribal areas to educate regarding the proper care for umbilical cord and eye of their neonates to prevent neonatal streptococcal infection thereby reducing the infant mortality and morbidity.

J.S.Dhorhaih And Ghuman (2012) conducted a study on comparison of newborn rearing practices of two generations of two Punjabi parents. The data was collected through in depth semi structured interviews from the first generation during the period of 1980 to 83 and from the second generation during the period of 2005. The finding showed that the second generation mothers are shedding most of the traditional customs and practices such as discarding colostrums, delaying breast feed, hulking and wrapping umbilicus in cow dung and are moving towards modern British ways.

Charpak,et.,al,(2013).,conducted a study on impact of kangaroo mother care at home stated that Kangaroo mother care has a positive impact on home environment .The results also suggested firstly, that both parents should be involved as direct care givers in that Kangaroo mother care procedure and secondly that this intervention should be directed more specifically at neonates who are most at risk at birth and normal newborns to maintain thermoregulation, improve breast feeding and creating better bonding of child with the parents .The kangaroo mother care intervention could be an excellent means to ensure best care to the infant during initial stages of life after birth.

Manju Jain Anad Madhu Jain (2013) , conducted a study to assess home based newborn care practices in urban and rural areas and compare both practices in Aarlaganda at Kadapa District, Andhra Pradesh.Researcher emphasised that knowledge scores of rural areas is lesser than urban areas. Also there is more prevalence of various harmful practices on newborn like application of Kajal , delaying breast feed, discarding of colostrums etc.The study showed statistically significant difference at $p \text{ value} < 0.01$ and the mean of pre test was less than the mean of post test which was statistically significant at paired t value 42.13.

Dr.Madhugupta And Mukesh Kumar (2013) conducted a study on effectiveness of structured teaching programme regarding growth and development of infants among infant mothers in selected community in South Orissa. Structured questionnaire method was used for collection of data, post test score was higher than pre test scores with mean difference of 12.86. Researcher identified that was lack of knowledge in mothers regarding antenatal and prenatal care and child rearing practices. Dr. Gupta felt that early intervention through stimulation and enriched programmes for newborns disabled infants and young children are to be planned for thier parents to minimize further damage

Kalaichelvi Solomon (2014) conducted a study on infant rearing practices in selected urban and rural communities in Madurai. Structured interview was used to collect the data. She concluded that higher is the rate of growth and development of infants in urban areas than in rural infants. And also she added that there is a need to give awareness for care of rural infant's mothers regarding Nutritional Programme, importance of the breastfeeding. Higher nutritional status was observed among urban mothers when compared to the rural areas.

Bahl (2014), conducted a study to assess the knowledge regarding infant rearing practices among tribal mothers in Kinnar (district), Himachal Pradesh among 500 samples using one group pre test post test experimental technique. The author concluded that 83 percent of women is practicing harmful practices of infant rearing after birth such as hulking ,discarding colostrums, delaying breast feed etc.

Paul Garaner, Wainalai, Manasseh Bar, Keih Edwards and Peter Heywood (2014) conducted a study on neonatal infection and umbilical cord care at a village in combodia, the study demonstrated the importance of umbilical cord care in the etiology of life threatening neonatal morbidity in village birth in a developing country. They concluded the necessity of educating the mothers residing in the village areas regarding the importance of proper care for the umbilical cord that ultimately reduces the mortality and morbidity rates of newborns.

Pushpa, Chadurvedi, Nand Kumar Banait(2014) conducted a study including 600 mothers who delivered at Kasturba hospital, Sevagram, during 2013-2014 to assess their knowledge and attitude regarding breast feeding. The study reported that only 34.5% of the booked mothers and 30.3% unbooked mothers were aware of the benefits of breast feeding during the antenatal visit. The investigator concluded that it's necessary to educate antenatal mothers at their

door steps to impart adequate knowledge regarding the benefits and importance of breast feeding immediately after birth. She also recommended conducting a study on knowledge on newborn care among antenatal mothers during their antenatal visit to the antenatal clinics.

Sonapuri, Vikas Bhatia (2015), conducted a study on comparison of prevalent new born rearing practices, in urban and slum population in Chandigarh, Uttar Pradesh. The cross-sectional research design was used. He conducted study on 226 women of both rural and urban slum areas. The findings are women gave birth at home 38.4% only, 7.1% deliveries were conducted by skilled birth attended, 45.1% by traditional birth attendants. Of these 61.9% of new born infants had been bathed within the 0-12 hrs. Number of infants who were not given colostrums was 80.9% and 29.9% had been put on breast feed within 1-2 hrs of birth. He concluded that the newborn care are poorer in slum areas when compared with the urban newborn care at hospitals, which was statistically significant at value $p < 0.001$. He adds to it that this ultimately lead to increasing rate of morbidity and mortality of the newborn during few weeks after birth.

Samalgc (2015), conducted study on infant feeding and rearing practices in a rural community Western Orissa. A study conducted on 500 rural mothers. The findings are that initiation a of breast feeding began on the first, third and ninth days respectively. As prelacteal feed such as diluted cow's milk (31.2 %), boiled water (20.8%), sugar water 17%, and honey 86%, 94.2% of mother's breast feed their babies for more than one year, 65.4 %for three or more years. Semi solids were introduced at 13 to 18 months in majority of cases 53.2% rice, rice flour etc.

Vijayalakshmi (2016), conducted a study on effectiveness of a planned teaching programme for infant mother on knowledge and attitude of infant rearing practices in rural areas of Vijayawada, Andhra Pradesh. Author stated that effectiveness of education was assessed by comparing pre and post test knowledge and attitude scores. She concluded that mother's knowledge

is inadequate by assessing the pre and post test. The mean of pre test is less than post test mean at 't' value 28.67. Also she emphasised on mothers has inadequate knowledge regarding infant rearing practises and feeding.

Nandwana (2016) conducted a study assess the knowledge of infant rearing regarding socio economic and personality development in rural areas. Rajasthan, the sample consisted of mothers having infants between 0 to 18 months. A self constructed interview was used to generate information on socio emotional and personality related to rearing practices for providing adequate stimulation for promoting socio emotional and personal development.

Abhy.T.Bang, ,Mahesh.D Deshmugh, et.,al, (2017) conducted a study on effect of home based neonatal care and management of sepsis on neonatal mortality. The study was conducted on Gadchiroli district of Maharashtra. The result showed that of the 763 neonates included 820 neonates had low birth weight, of the 280 parent interviewed 273 preferred care of ill from the female village health worker.

The above-mentioned studies pointed out the need for improving the mother's knowledge and skill in order to increase the survival and quality of human life through prompt and skillful newborn care and thereby reducing the neonatal mortality and morbidity.

CONCEPTUAL FRAMEWORK

The conceptual framework deals with the interrelated concepts that are assembled together in some relational schemes by virtue of relevance to the variables of this study. It is the guide for the entire research process to answer the research question.

The conceptual framework of the present study is **Modified Dorothy Johnsons (1980) Open System Theory.**

According to the theory, a general system consist of an asset of interacting components that are regulated by biological, sociological and, psychological factors. An individual is composed of open and interactive subsystem. Open systems consist of input, throughput and output.

According to the theorist view the information matter and energy that the system receives from the environment are called the input for the system. The system uses, organizes and transforms the input in a process called throughput and releases information, matter and energy as output to the environment. The output that returns back to the system as input is called feedback

In this study the Antenatal Mothers residing in the tribal areas are the persons or system who receives input through video assisted teaching on Kangaroo Mother Care which is processed in their mind as throughput and expressed as output in the scores in posttest of their knowledge gained and change in attitude regarding practice of Kangaroo Mother Care.

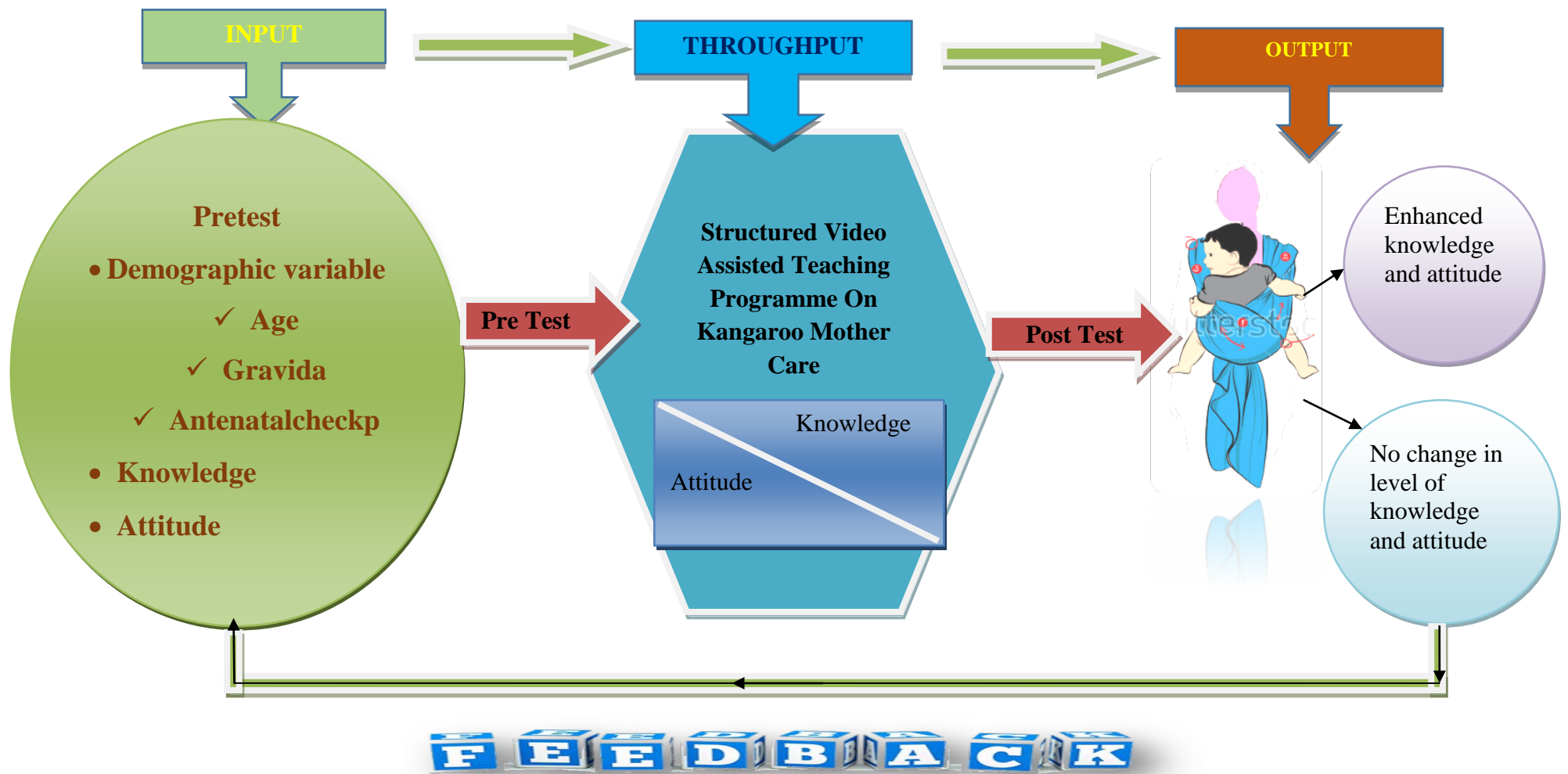


FIGURE NO: 1 CONCEPTUAL FRAMEWORK ON MODIFIED DOROTHY JOHNSON'S OPEN SYSTEM THEORY(1980)

INPUT

The antenatal mother reside in the tribal areas who visit Community Health Center at Devikulam Panchayath in Munnar are considered as the open system .Their level of knowledge was initially assessed by using a multiple choice questionnaire, and their attitude towards practice of Kangaroo Mother Care was assessed by three point Likert attitude scale.

THROUGHPUT

Through this activity phase and manipulative phase, the knowledge regarding the importance of Kangaroo mother care will be imparted through the structured video assisted teaching programme. During this interactive phase transformation of knowledge and attitude regarding kangaroo mother care will take place.

OUTPUT

It refers to the outcome of level of knowledge and attitude that has occurred as a result of transformation of system during throughput. Post test will be done to assess the level of knowledge and attitude regarding Kangaroo Mother Care that has been gained through the throughput. The structured video assisted teaching programme will be effective method in imparting knowledge and creating a positive attitude towards enhancing practice of Kangaroo Mother Care to their neonates.

CHAPTER III

METHODOLOGY

This chapter deals with the structured framework to conduct the study. It encompasses research approach, research design, settings, population, sample, inclusion criteria, sampling technique, description of the tool, validity and reliability of the tool, pilot study, data collection procedure, plan for data analysis.

RESEARCH APPROACH

A Quantitative research approach was used for this study.

RESEARCH DESIGN

A pre experimental one group pre and post-test design was chosen.

TABLE I

SCHEMATIC REPRESENTATION OF RESEARCH DESIGN

Group	Pre test	Intervention	Post test
Study group	O1	X	O2

KEYS

- **O₁** - Pre-test on knowledge and attitude regarding kangaroo mother care.
- **X** - Video assisted structured teaching programme regarding kangaroo mother care
- **O₂** - Post-test on knowledge and attitude regarding kangaroo mother care.

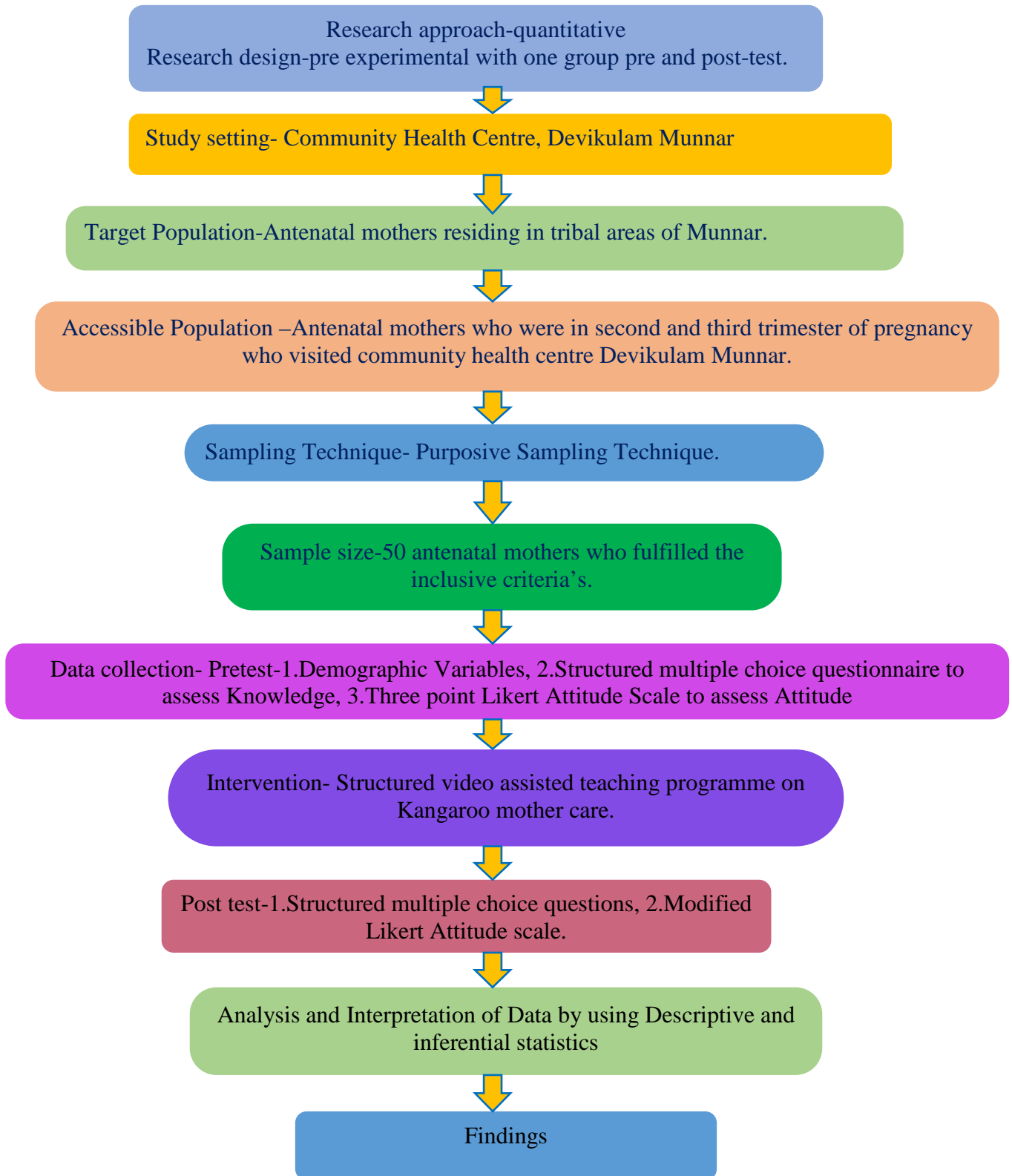


Figure No.2 Schematic Representation of Research Methodology

VARIABLES

Dependent Variables: In this study dependent variables were Knowledge and attitude regarding Kangaroo Mother Care among antenatal mother belonging to Scheduled Tribes, residing at Devikulam Panchayath, Munnar .

Independent variable: In this study independent variable was Structured Video Assisted Structured Teaching Programme regarding kangaroo mother care.

SETTING OF THE STUDY

The study was conducted among the Antenatal Mothers at Community Health Centre , Devikulam Panchayath, Munnar. The Community Health Centre is located at Devikulam Panchayath in Munnar, which is 30 bedded and headed by the medical officer .It functions round the clock to serve the population.

POPULATION

TARGET POPULATION

It refers to the Antenatal Mothers who were in the second and third trimester of pregnancy.

ACCESSIBLE POPULATION

It refers to the Antenatal Mothers who were in the second and third trimester of pregnancy and who visited the Community Health Centre at Devikulam Panchayath in Munnar, from which the samples were drawn for the study.

SAMPLE

In this study the sample comprised of Antenatal mothers who fulfilled the inclusive criteria.

SAMPLING TECHNIQUE

A Purposive Sampling Technique was used.

SAMPLE SIZE

A Sample of 50 Antenatal mothers who visited the Community Health Centre at Devikulam Panchayath in Munnar and those who fulfilled the inclusive criteria were selected for the study

METHOD OF SAMPLE SELECTION

The Antenatal Mothers who fulfilled the inclusion criteria were selected purposively for the study. They were chosen by Purposive Sampling Technique from Antenatal Registers maintained at the Community Health Centre Devikulam Panchayath in Munnar.

CRITERIA FOR SAMPLE SELECTION

Inclusion criteria

1. Antenatal Mother's belonging to Scheduled Tribe aged between 19 -30 years.
2. Antenatal mothers who were in their second and third trimester of pregnancy who visited community health centre at Devikulam Panchayath ,Munnar
3. Antenatal Mothers who could talk and understand Tamil or English.

Exclusion Criteria

1. Antenatal mothers who were categorized as high risk cases at community health centre.
2. Antenatal mothers who were not willing to participate in the study.

SELECTION AND DESCRIPTION OF THE STUDY INSTRUMENT

The researcher constructed the tool based on the literature review and opinion from experts which comprised the following content,

PART I

- Section A: Demographic variables

PART II

- Section A: Structured multiple choice questionnaire to assess the knowledge on Kangaroo Mother Care among Antenatal Mothers
- Section B: three point likert attitude scale to assess the attitude of antenatal mothers towards practice of Kangaroo Mother Care.

PART III

- Structured video assisted teaching programme on Kangaroo Mother Care.

DESCRIPTION OF THE TOOL

The tools for this study consisted of three parts.

PART I

Section A: Demographic Variables

The demographic variables consisted of 13 items, of which it included age, religion, type of marriage, educational status of antenatal mother, educational status of husband, occupational status of antenatal mother ,occupational status of husband, type of family, type of diet, source of health information, Gravida ,gestational age and frequency of antenatal check-up.

PART II

Section: A

Part-A included 20 multiple choice questions related to knowledge on Kangaroo Mother Care. The questions were constructed relevant to definition, components , procedure and benefits of Kangaroo Mother Care.

Section: B

It is Three Point Likert Attitude Scale that consisted of 20 items that included both positive and negative statements to assess the attitude towards Kangaroo mother care.

Section: C

Structured video assisted teaching programme on Kangaroo mother care.

PART III

A structured video assisted teaching programme was implemented by lecture cum demonstration method , facilitated by the system of recordings and reproducing the contents using the video and models . The content of the structured video assisted teaching programme included definition, components, prerequisites, benefits, eligibility criteria for neonate ,preparation of neonate and mother for kangaroo mother care, steps of procedure and duration, criteria for discontinuation and special considerations to be followed during kangaroo mother care.

SCORE INTERPRETATION**PART I**

The numerical values were assigned for Part I of the tool.

PART II**Section A:**

This section consisted of 20 multiple choice questions about Kangaroo Mother Care. The scores for the correct and incorrect answers were coded as 2 and 1 respectively. The maximum score was 20. The total scores were computed and categorised as mentioned below,

CATEGORY	SCORES	PERCENTAGE	LEVEL OF KNOWLEDGE
I	1-10	0-50	Inadequate Knowledge
II	11-15	51-75	Moderately adequate knowledge
III	16-20	76-100	Adequate knowledge

Section B:

- It consisted of Three point Likert attitude Scale, which included both positive and negative statements.

The scores assigned were as mentioned below:

- Positive statements were numbered: 2, 4, 6, 7,10,16,17,18,19,20.

Positive statements	Disagree	Uncertain	Agree
Scores	1	2	3

- Negative statements were numbered: 1, 3, 5, 8,9,11,13,14,15.

Negative statements	Disagree	Uncertain	Agree
Scores	3	2	1

The total scores were classified as poor, better, best.

CATEGORY	SCORES	PERCENTAGE	LEVEL OF ATTITUDE
I	1-30	0-50	Poor
II	31-45	51-75	Better
III	46-60	76-100	Best

CONTENT VALIDITY

The content validity of the tool was established by the nursing and medical experts. The suggestions of the experts were incorporated and the tool was modified accordingly. The tool was then finalised and translated to Tamil.

RELIABILITY OF THE TOOL

The reliability of the structured tool to assess the knowledge and attitude was elicited by the test re-test method. The 'r' value was computed by Karl Pearson's co-efficient formula and it was found to be 0.85 for both knowledge and attitude scales. This indicates that the tools are highly reliable.

PILOT STUDY

A pilot study is a study which is carried at the end of the planning phase of research in order to explore the feasibility of the study .A pilot study was conducted at Koviloor, in Vattavada Panchayath and administrative approval was obtained from the medical officer of Vattavada Primary Health Care Centre.

A total of 10 Antenatal mothers were selected for the study by purposive sampling technique. On first day, the data such as demographic variables, assessment of knowledge and attitude regarding kangaroo mother care was done using structured questionnaire following a brief introduction about the study. On the second day structured video assisted teaching programme was implemented to the samples and post test was done on the eighth day to assess the knowledge and attitude on Kangaroo Mother Care. The data were analysed by descriptive and inferential statistics. The researcher did not encounter any practical difficulty during the course of the study.

DATA COLLECTION PROCEDURE

The data collection procedure included the following steps throughout the study:

1. The Ethical Committee approval was obtained from the institutional ethical committee at Karpaga Vinayaga College Of Nursing, Kancheepuram District
2. A written permission was obtained from the Medical Officer at Community Health Centre at Devikulam Panchayath in Munnar. The data collection was done among antenatal mothers who fulfilled the inclusive criteria and who visited Community Health Centre at Devikulam Panchayath in Munnar for a period of 6 weeks. The participants for the main study were selected from the Antenatal records and registers maintained at the Community Health Centre, at Devikulam Panchayath in Munnar.
3. The researcher selected 50 samples, those who met the inclusive criteria by purposive sampling technique. Informed consent was obtained from all the samples. The total samples were divided into 5 batches with 10 samples in each batch. Pre-test was done for each batch. On day one, collection of demographic data, assessment of level of knowledge and attitude regarding Kangaroo Mother Care was done using structured multiple choice questionnaire and Three point Likert attitude scale respectively. The data was collected using interview technique.
4. The structured video assisted teaching programme was implemented for the samples on day two for 45 min by lecture cum demonstration method to impart the knowledge on Kangaroo Mother Care. On eighth day post-test was done to assess the level of knowledge and attitude regarding Kangaroo Mother Care. The data collected were coded and analysed by using descriptive and inferential statistics.

Table: 2**Time Schedule for Data Collection**

Batch No	Sample No	Pre-test		Structured Video assisted teaching programme		Post-test	
		Date	Time	Date	Time	Date	Time
I	1-10	1/4/2017	10.30 am -11.30 am	2/4/2017	1.30 pm -2.30 pm	10/4/2017	10.30 am -11.30 am
II	11-20	2/4/2017	10.30 am -11.30 am	3/4/2017	1.30 pm -2.30 pm	11/4/2017	10.30 am -11.30 am
III	21-30	3/4/2017	10.30 am -11.30 am	4/4/2017	1.30 pm -2.30 pm	12/4/2017	10.30 am -11.30 am
IV	31-40	4/4/2017	10.30 am -11.30 am	5/4/2017	1.30 pm -2.30 pm	13/4/2017	10.30 am -11.30 am
V	41-50	5/4/2017	10.30 am -11.30 am	6/4/2017	1.30 pm -2.30 pm	14/4/2017	10.30 am -11.30 am

Table: 3

Plan for Data Analysis

The data analysis was done by using descriptive and inferential statistics .The plan for the data analysis was as mentioned below.

S.NO.	DATA ANALYSIS	STATISTICAL TEST	OBJECTIVES
1	Descriptive statistics	Frequency, percentage, mean , standard deviation	<ul style="list-style-type: none">• Frequency and percentage distribution of demographic variables, level of knowledge and attitude regarding Kangaroo Mother Care among antenatal mothers.
2	Inferential statistics	Paired “t” test Chi square test	<ul style="list-style-type: none">• Comparison of pre and post-test knowledge and attitude regarding Kangaroo Mother Care, among antenatal mothers in selected tribal area.• Association of selected demographic variables with level of knowledge and attitude regarding Kangaroo Mother Care, among antenatal mothers in tribal area.

CHAPTER –IV

DATA ANALYSIS AND INTERPRETATION

This chapter deals with the statistical analysis of data which enables the researcher to summarise, organize, evaluate, interpret, and communicate the numerical information.

The descriptive and inferential statistics were used to analyze the data to evaluate the effectiveness of structured video assisted teaching programme on Kangaroo Mother Care among the antenatal mothers at selected tribal area in Devikulam Panchayath, Munnar. As per the objectives of the study the tables were organized.

SECTION –A

Distribution of demographic variables among antenatal mothers.

SECTION –B

Distribution of level of knowledge and attitude regarding Kangaroo Mother Care in pre and post-test among antenatal mothers.

SECTION-C

Comparison of pre and post-test knowledge and attitude scores regarding Kangaroo Mother Care among antenatal mothers.

SECTION-D

Association of demographic variables with the level of knowledge and attitude on Kangaroo Mother Care among antenatal mothers .

Table: 4
Distribution of demographic variables among antenatal mothers

N = 50

S. No.	Demographic Variables	N	%
1	Age of Antenatal Mother in Years	19-21 years	28
		22-24 years	34
		25-27 years	26
		28-30 years	12
2	Religion	Christian	8
		Hindu	62
		Muslim	4
		Others	26
3	Marriage	Consanguineous	56
		Non Consanguineous	44
4	Educational Status of Antenatal mother	Illiterate	8
		Primary	22
		High school	52
		Higher secondary	8
		Graduate and above	10
5	Educational Status of Husband	Illiterate	18
		Primary	28
		High school	32
		Higher secondary	2
		Graduate and above	20
6	Occupation Status of Antenatal mother	Home maker	18
		Labor	52
		Government employee	12
		Business	18
7	Occupation Status of Husband	Labor	16
		Agriculture	48
		Government employee	16
		Business	20
8	Type of family	Nuclear Family	34
		Joint family	46
		Extended	20
9	Type of diet	Vegetarian	4
		Mixed	96
10	Source of health information	Media	48
		Health workers	12
		Newspaper	12
		Others	28
11	Gravida	One	56
		Two	32
		More Than Two	12
12	Gestational age	Second Trimester	70
		Third Trimester	30
13	Frequency of antenatal checkup	Once every month	52
		Twice every trimester	48

The above table depicts the 13 demographic variables that were assessed during pre test. The table revealed that in age wise category 28% belonged to 19-21yrs,,34% belonged to 22-24yrs,26% belonged to 25-27yrs,and 12% belonged to 28-30yrs respectively of which 8% were christians,62% were hindus,4% were muslims,26% were others who belonged to the worship of malaideivangal. Out of 50 samples 28% and 22% were married consanguineously and non – consanguineous type of marriage respectively.

The distribution of educational status of antenatal mothers and husbands revealed that 8% of antenatal mothers were illiterate,22% had primary education,52% had done high school,8%had done higher secondary and 10% were graduated and above. Whereas among husbands 18% were illiterate,28% had primary education,32% had high school,2%had higher secondary and 20% were graduates and above.

The distribution of occupational status of antenatal mother disclosed 18%were home makers,52%were labors,12%were government employees and 18% looked after business, whereas fathers 16% are labours, 48% work on land in agriculture, 16% are government employees and 20% take on with the business as their occupation.

About family type 34% lived in nuclear family, 46% lived in joint family, and 20% lived in extended family.

Regarding dietary pattern 96% had mixed diet and just 2% were vegetarians. Majority of 48% of samples obtained health related informations from the medias such as television, radio, network, internets etc, 6% obtained health informations through the health workers such as NHRM, ASHA, etc 12% obtained from newspapers and 28% from other sources such as neighbours, notices etc.

With regard to distribution of gravida 56% were primigravida, 32% were second gravidas and 12% were in third gravida. In relation to the 70% and 30% of them were in second and third trimester of pregnancy respectively.

With respect to frequency of antenatal check up, 52% had done their checkup twice every month, 48% had done their check up twice every month .

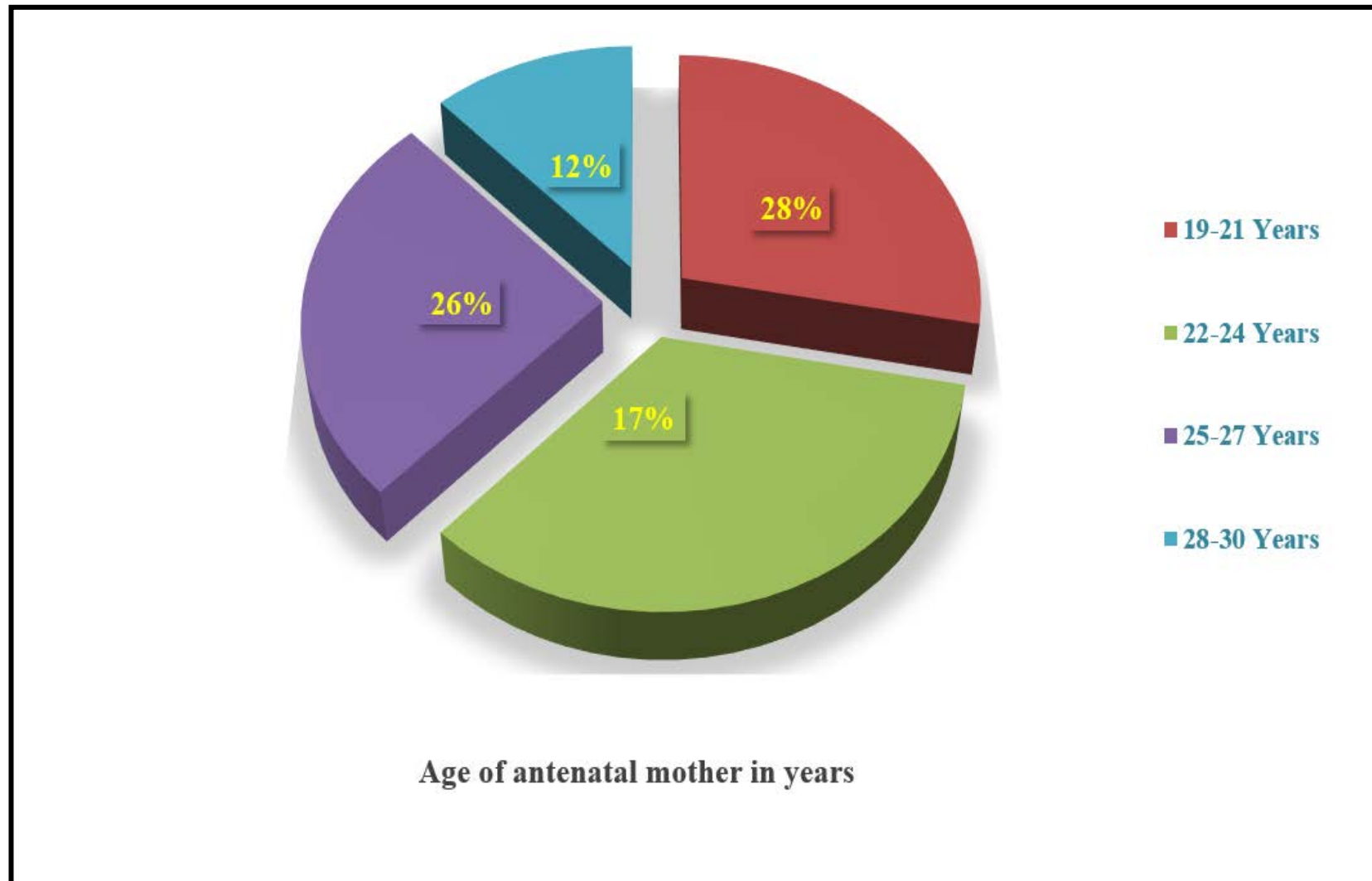


Figure No 3: Distribution of age in years among antenatal mothers

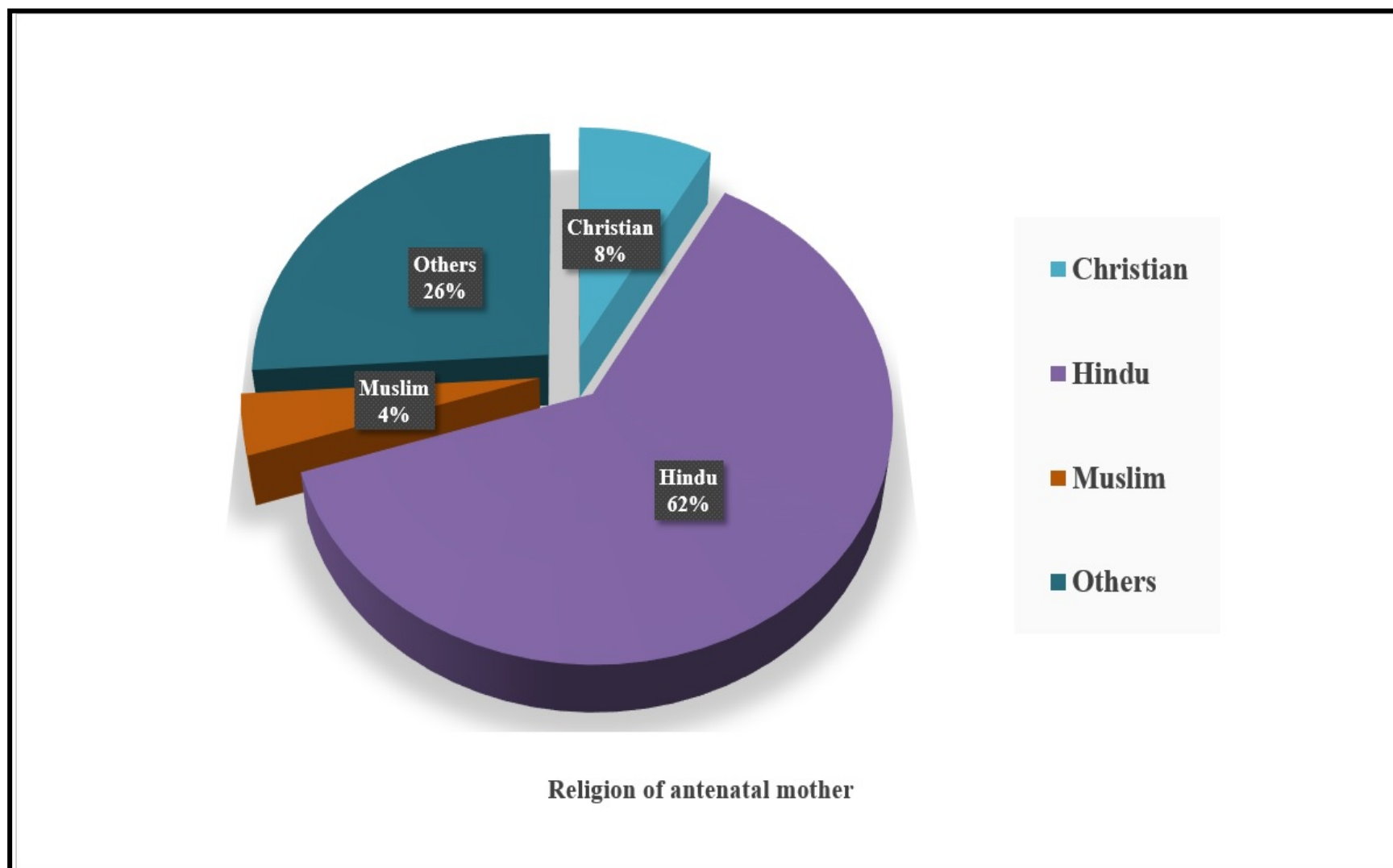


Figure No 4: Distribution of religious category of antenatal mothers

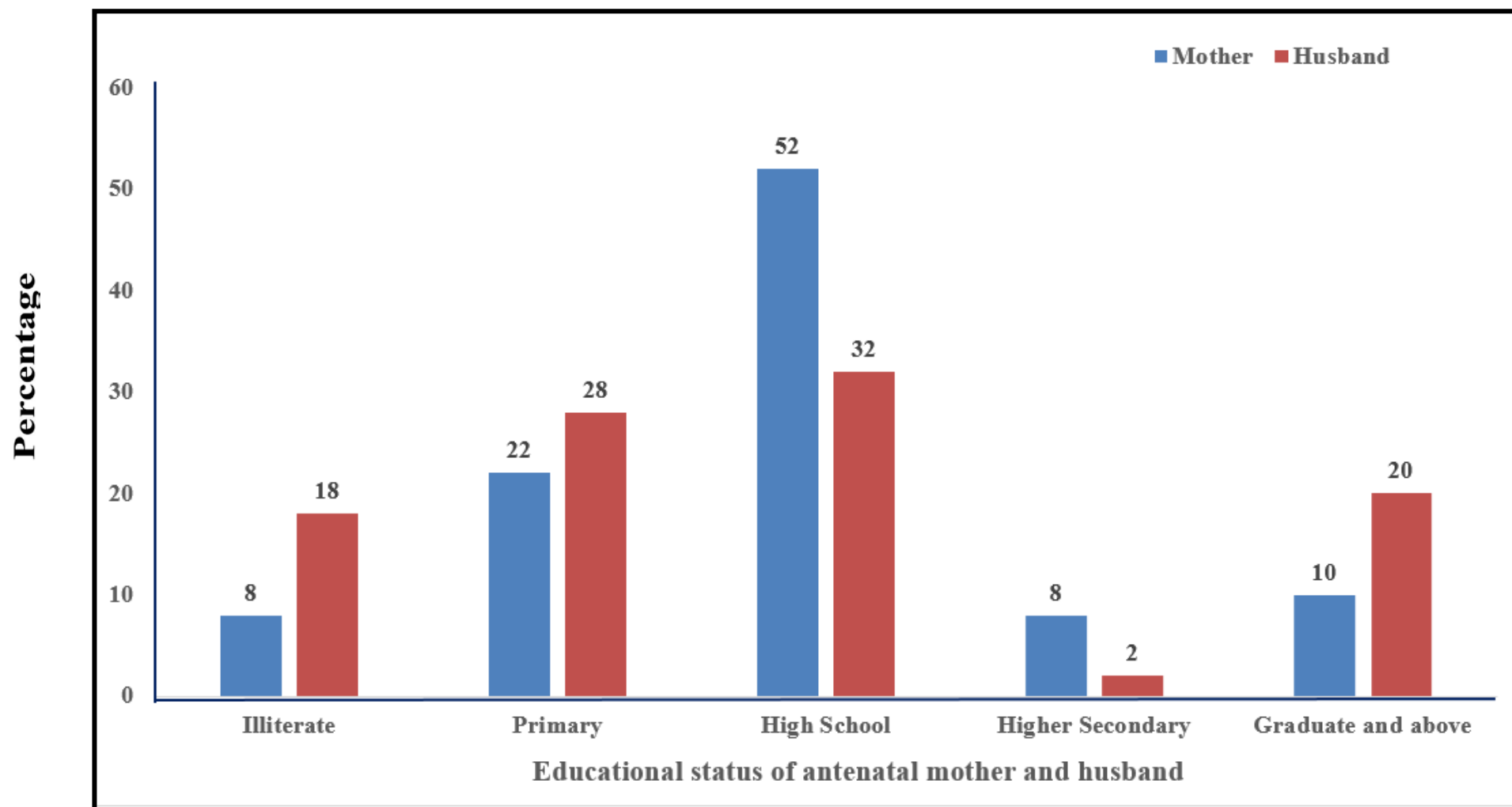


Figure No 5: Distribution of educational status of antenatal mothers and husbands

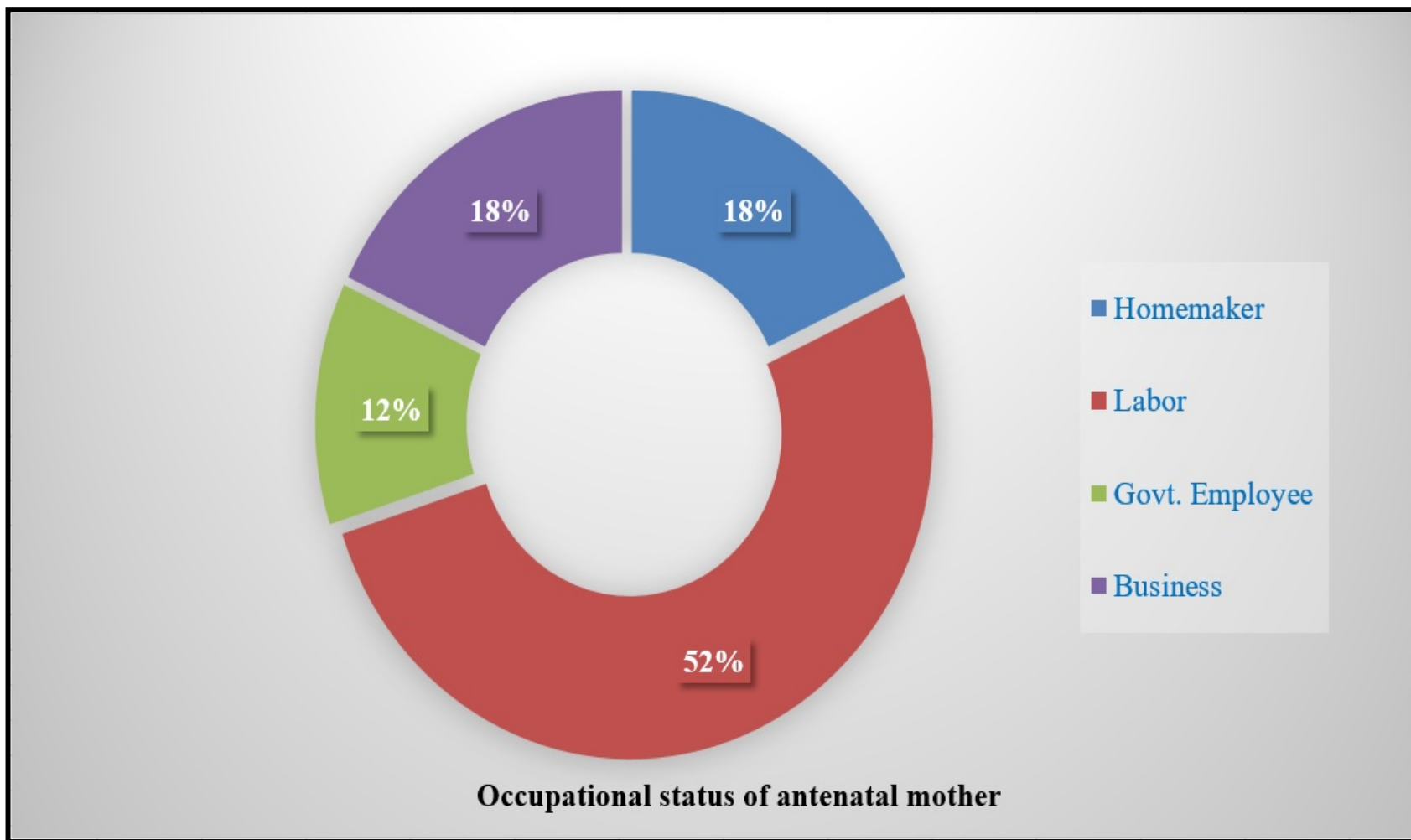


Figure No 6: Distribution of occupational status of antenatal mothers

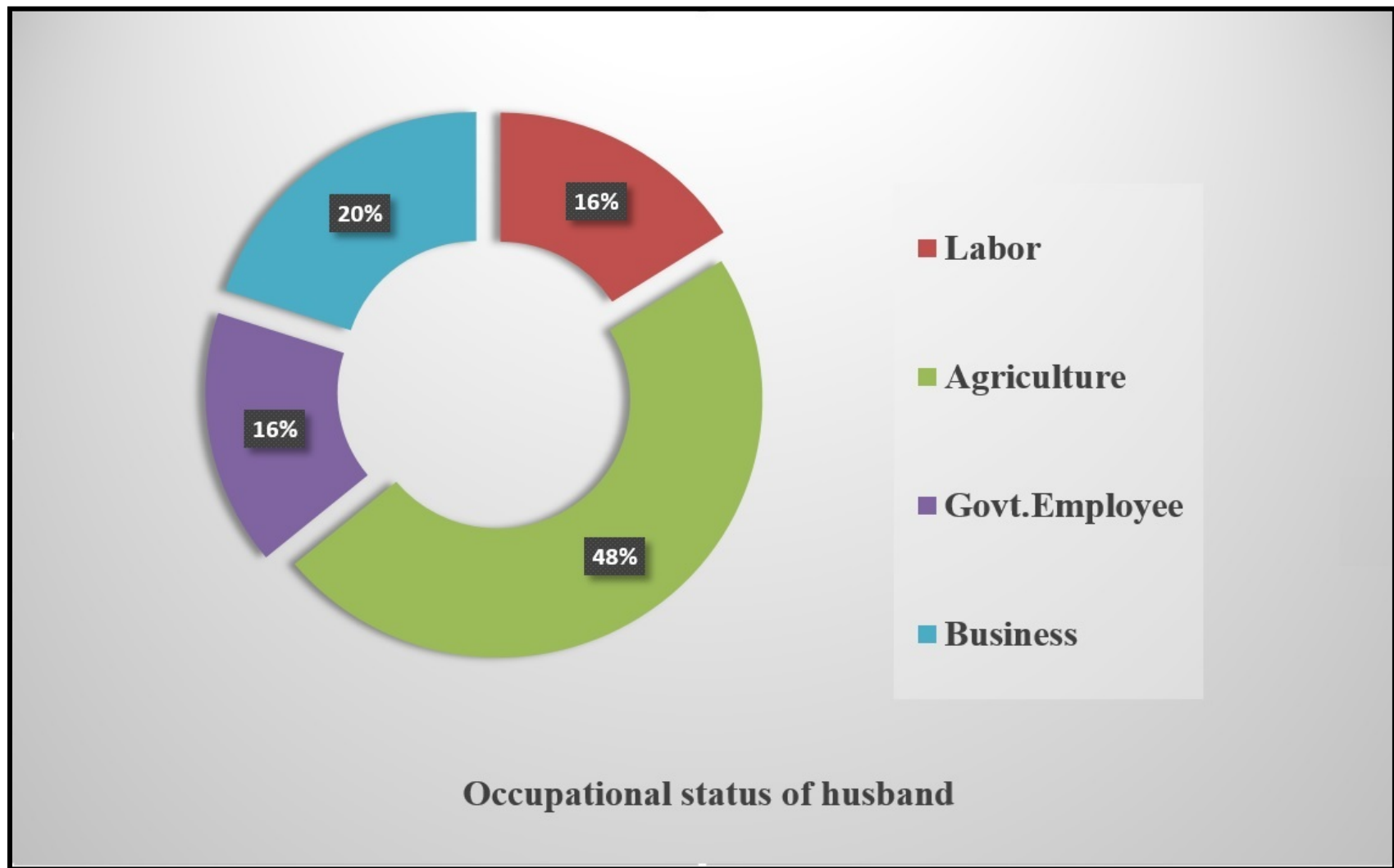


Figure No 7: Distribution of occupational status of husband

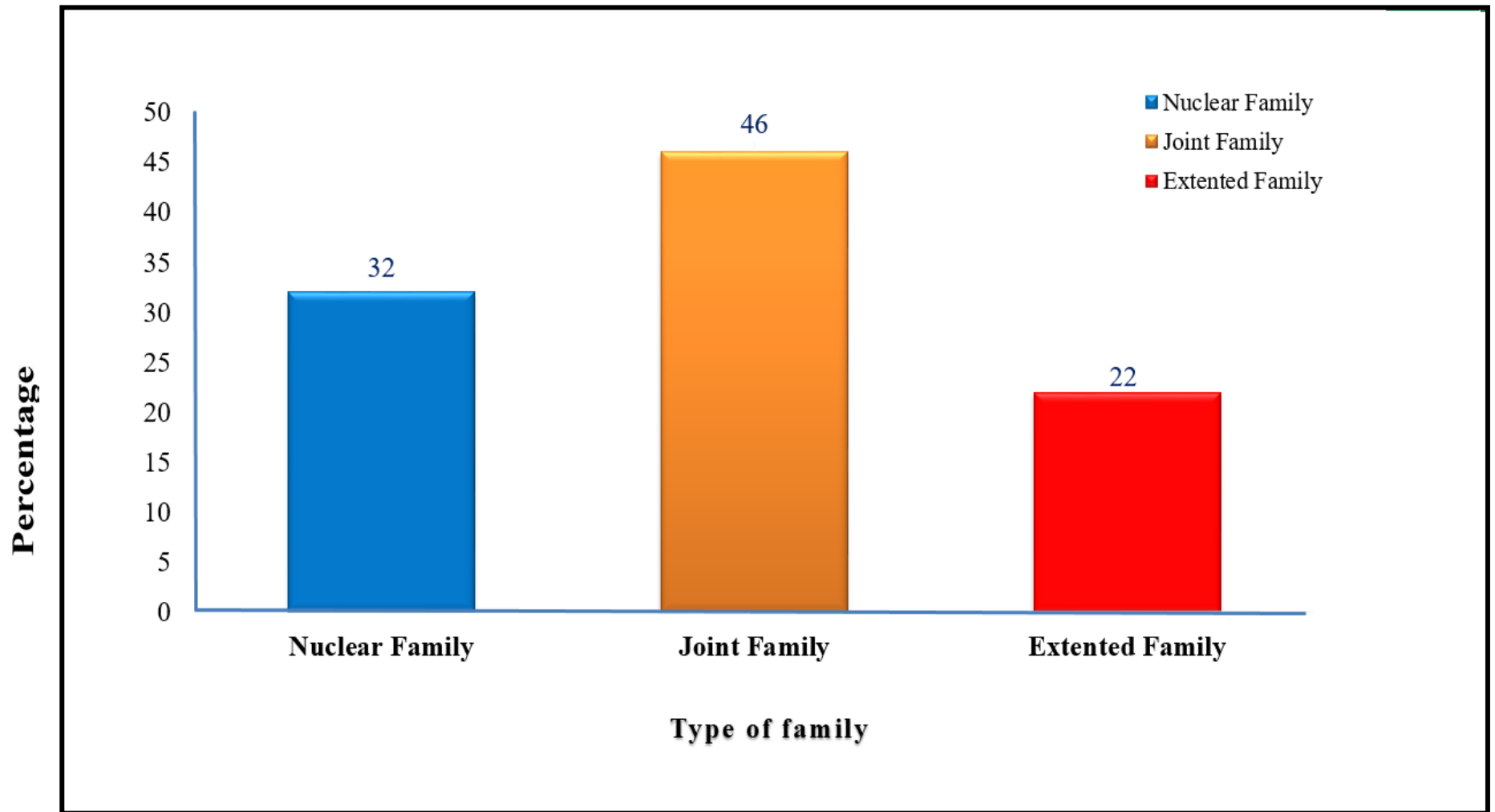


Figure No 8: Distribution of type of family

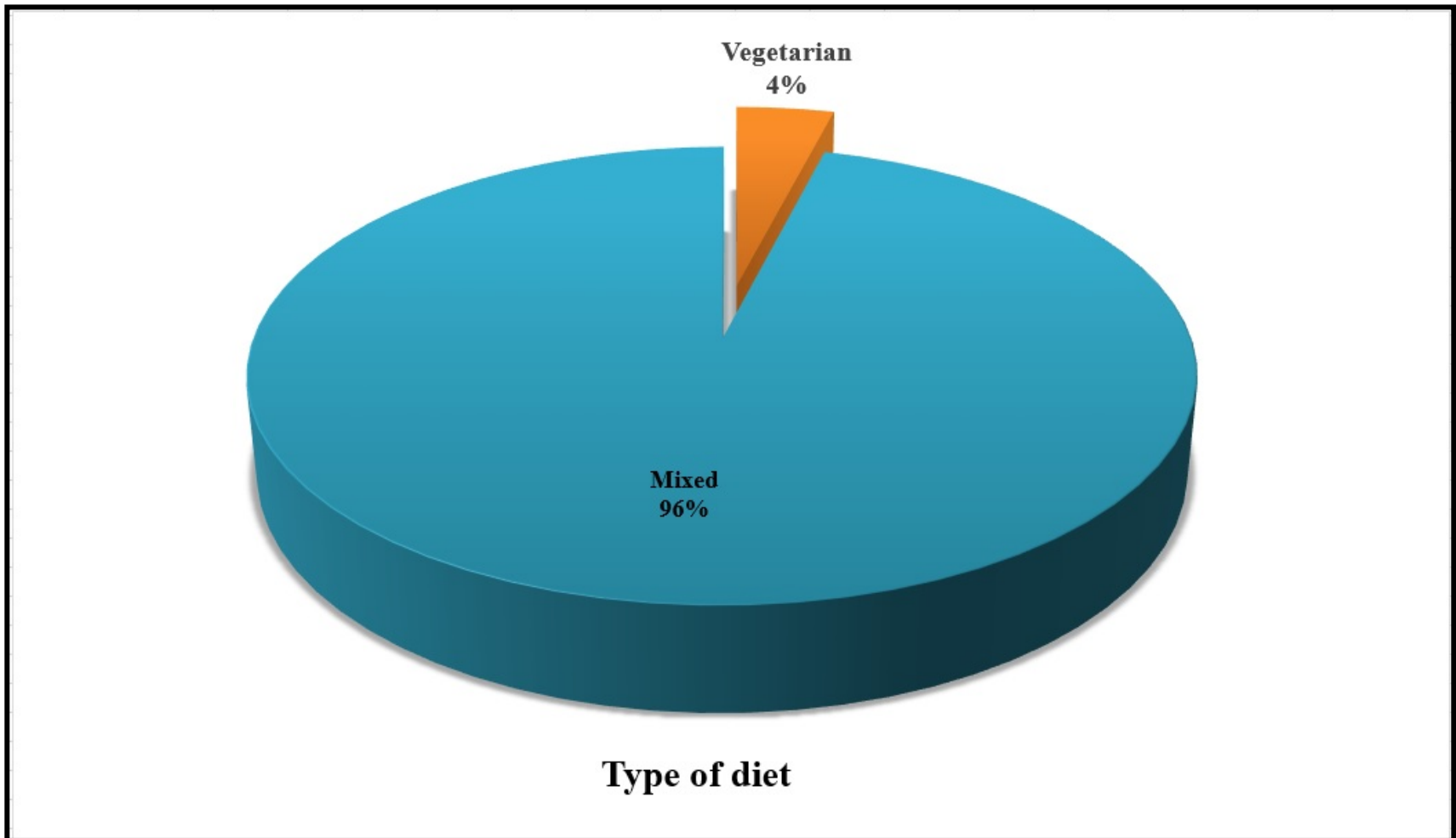


Figure No 9: Distribution of type of diet

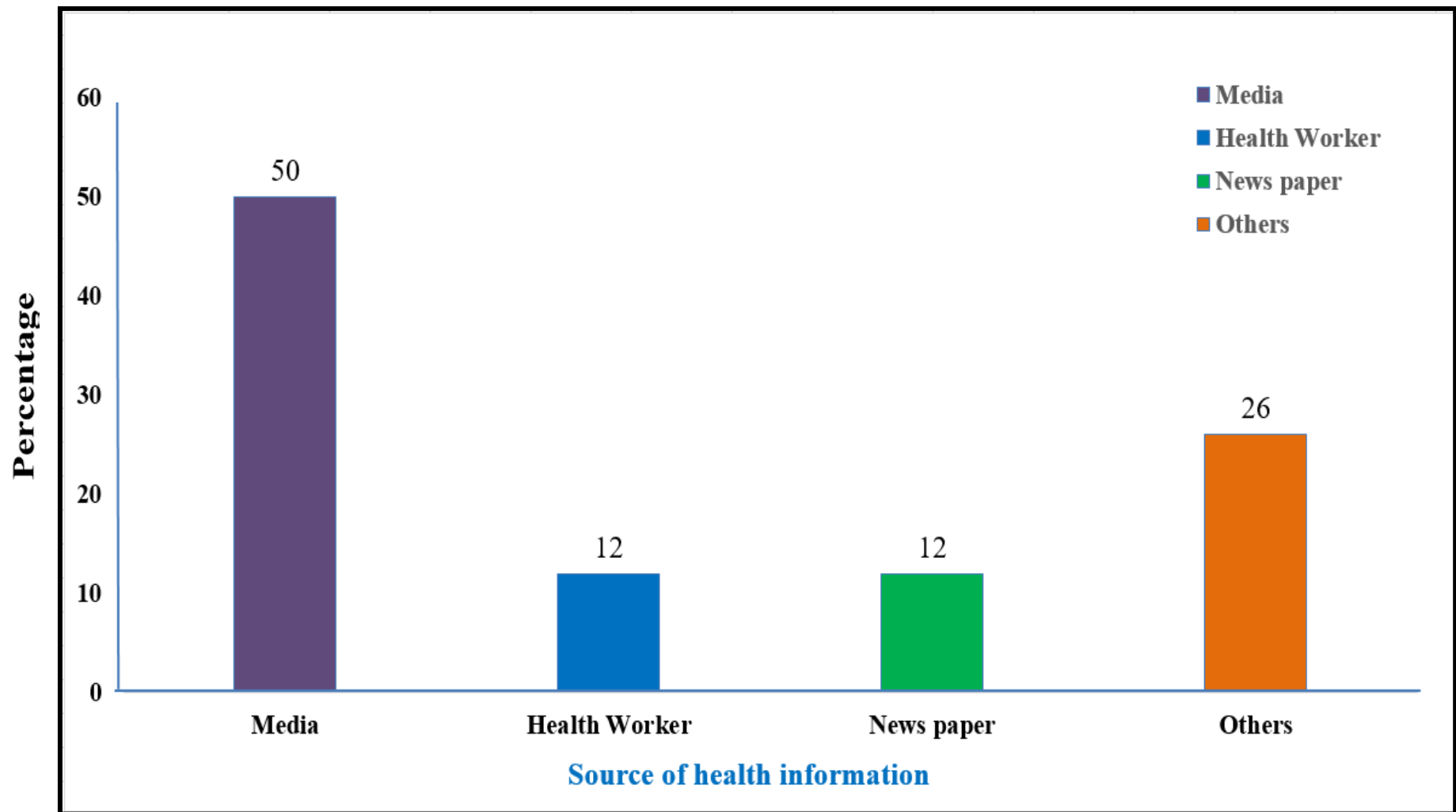


Figure No 10: Distribution of source of health information

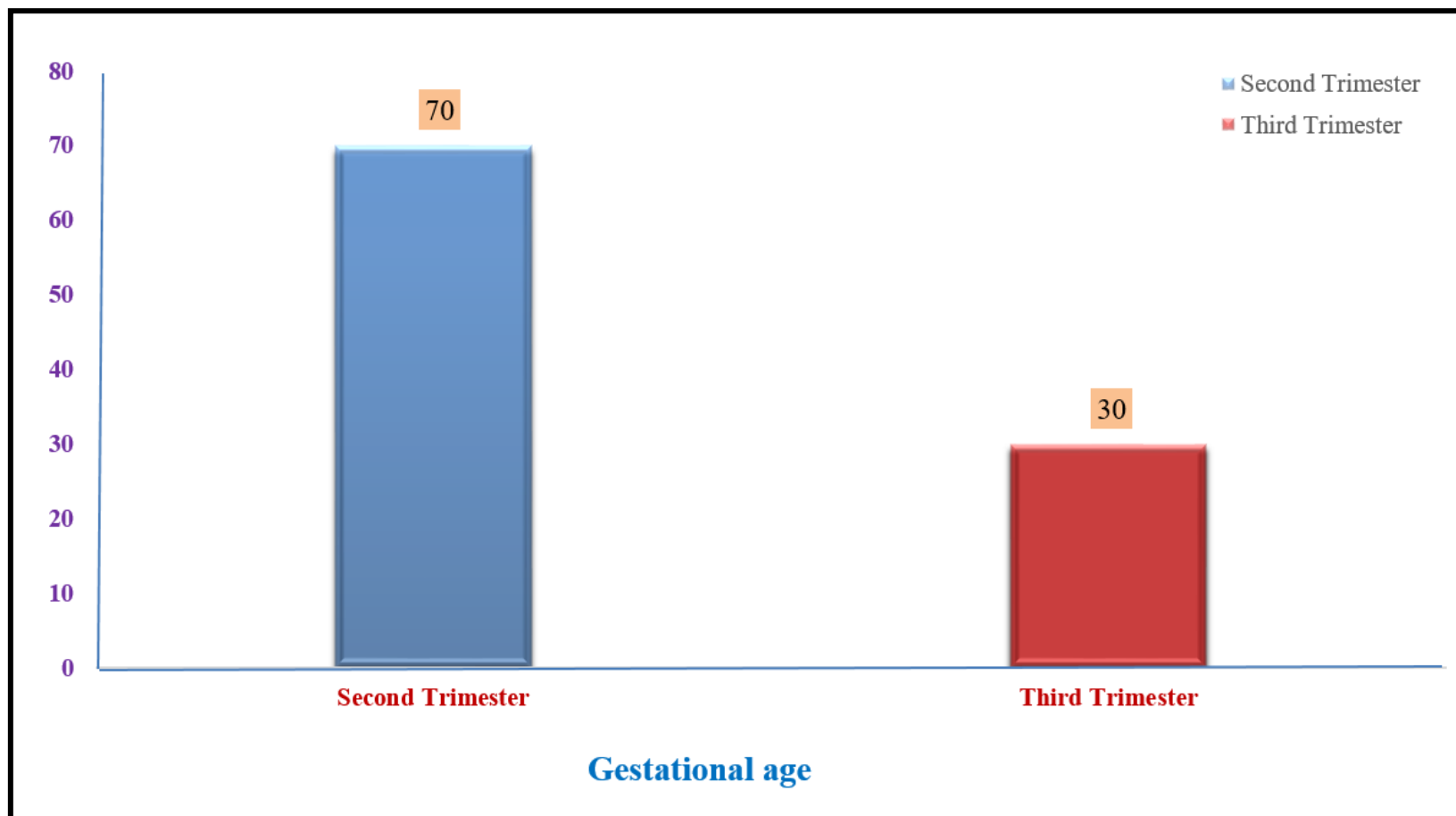


Figure No 11: Distribution of gestational age among antenatal mothers

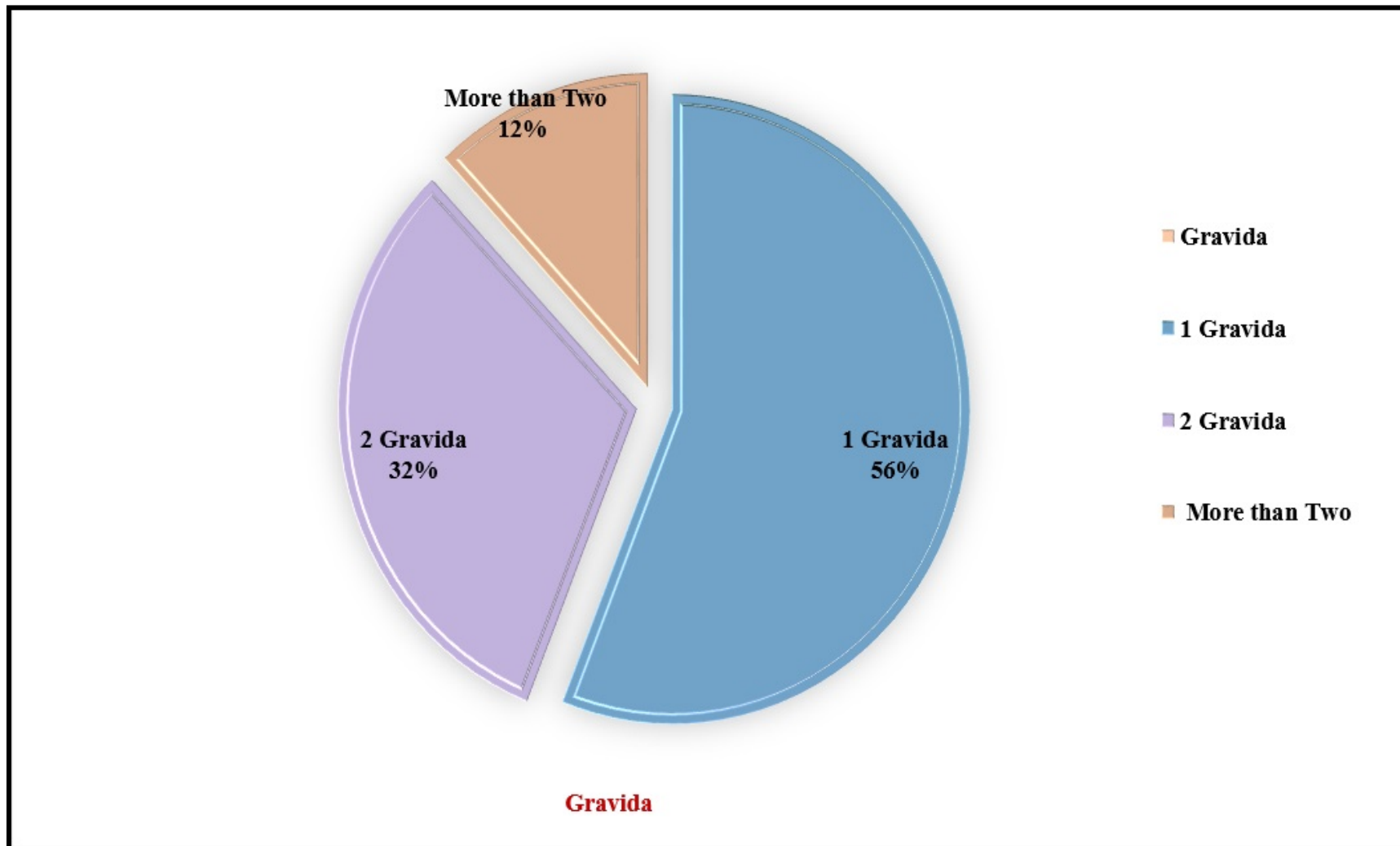


Figure No 12: Distribution of gravida status of antenatal mothers

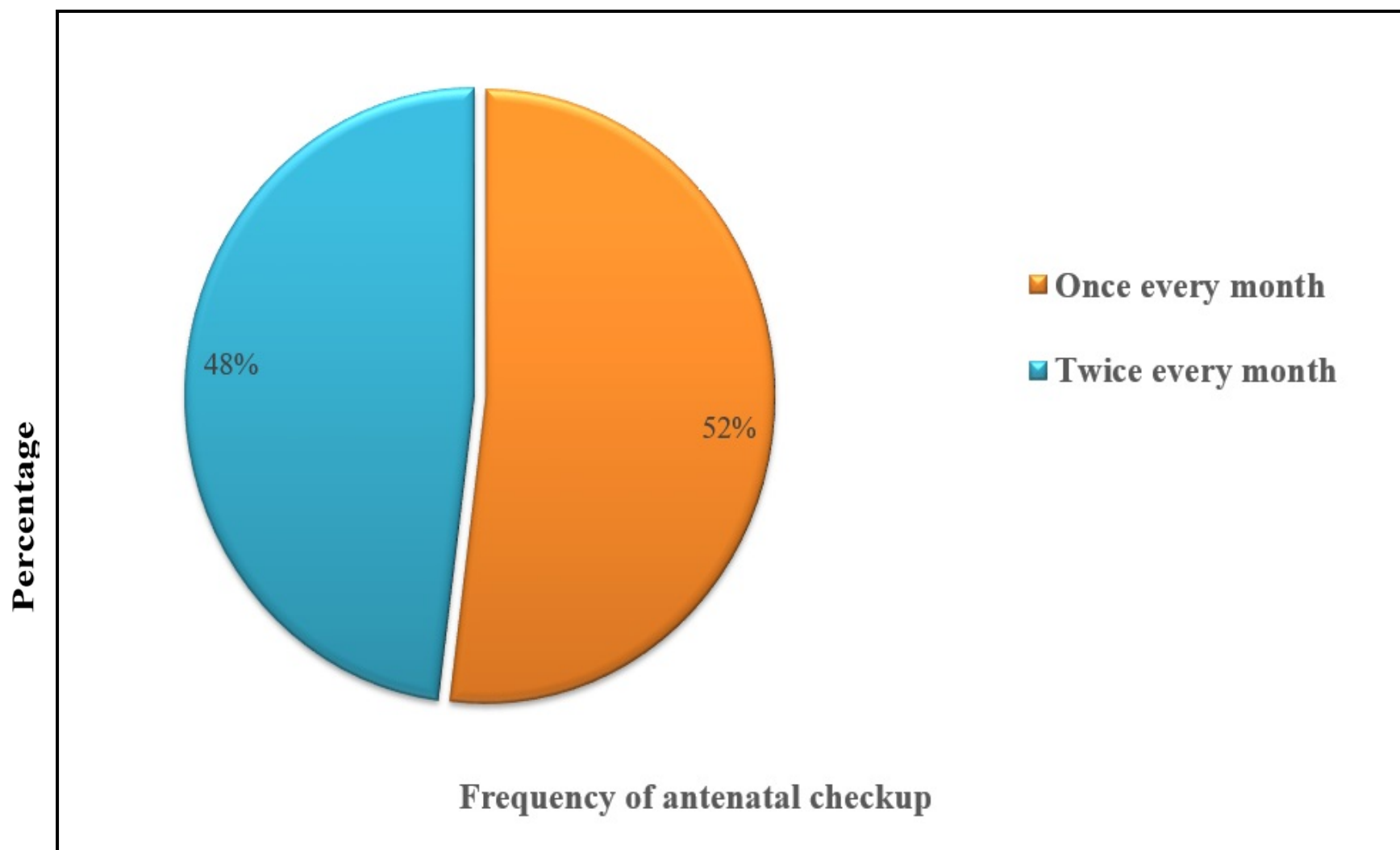


Figure No 13: Distribution of frequency of antenatal checkups

PART II

Section: A

Table: 5

Distribution of level of knowledge on kangaroo mother care among antenatal mothers in pre and post test

N=50

S. No	Level of Knowledge	Pre Test		Post – Test	
		N	%	N	%
1	Inadequate	50	100.00	0	00.0
2	Moderately adequate	0	00.0	6	12.0
3	Adequate	0	00.0	44	88.0
Total		50	100.0	50	100.0

The above table illustrates the level of knowledge on Kangaroo Mother Care among Antenatal Mothers in pre and post-test. In pre test 100% of antenatal mothers had inadequate knowledge whereas in post test 88% and 12% had adequate and moderately adequate knowledge respectively.

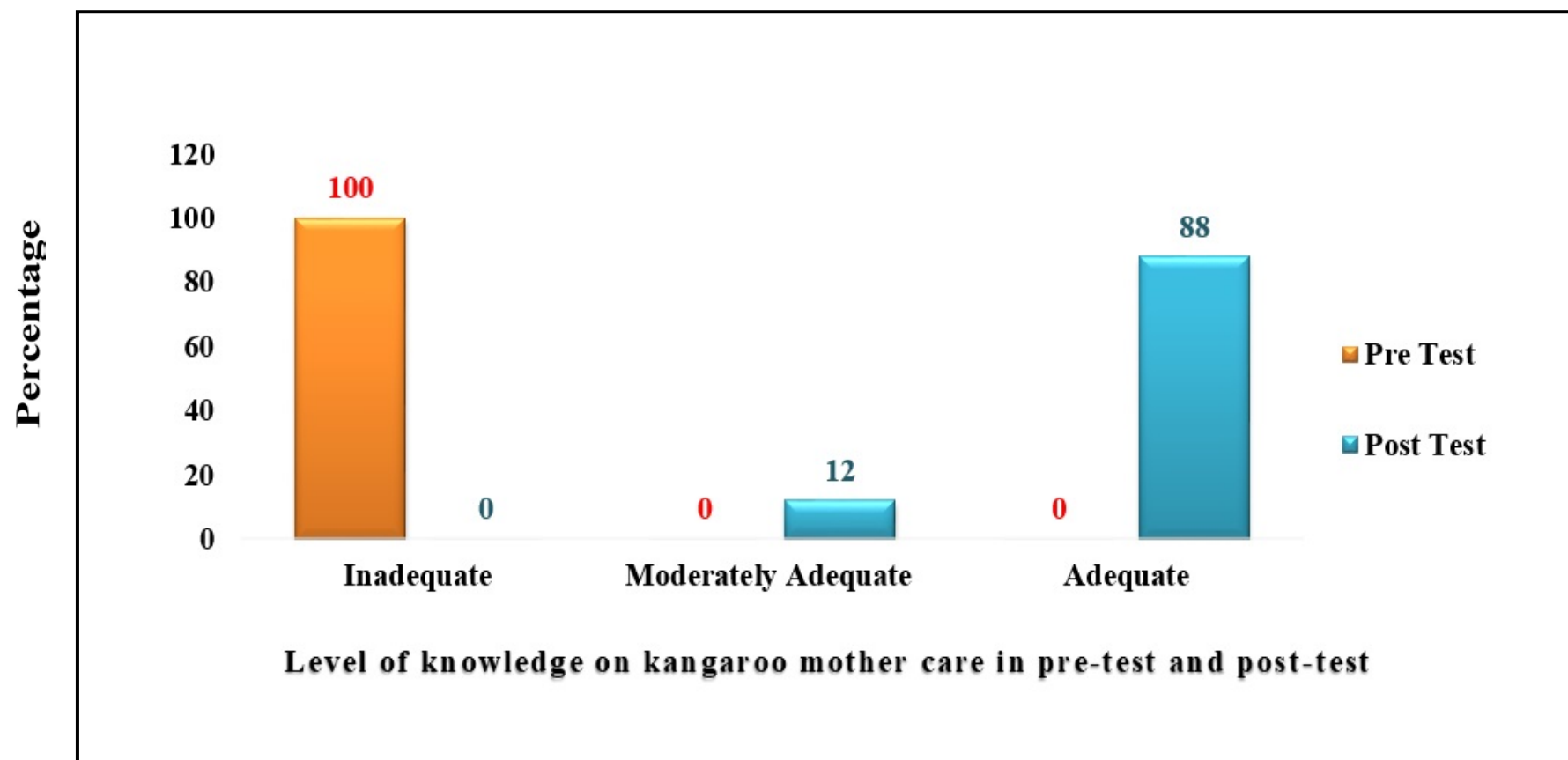


Figure No 14: Distribution of level of knowledge regarding kangaroo mother care among antenatal mothers

Section: B

Table: 6

Distribution of level of attitude on kangaroo mother care among antenatal mothers in pre and post tests.

N=50

S. No	Level of Attitude	Pre test		Post test	
		N	%	N	%
1	Poor	33	66.0	0	00.0
2	Better	17	34.0	5	10.0
3	Best	0	00.0	45	90.0
Total		50	50	100.0	50

The above table discloses the level of attitude regarding Kangaroo Mother Care among antenatal mothers in pre and post-test, which revealed that 66% of the antenatal mothers had poor attitude and 34% had better attitude in pre test. Majority of Antenatal Mothers had best attitude and 10% had better attitude regarding Kangaroo Mother Care.

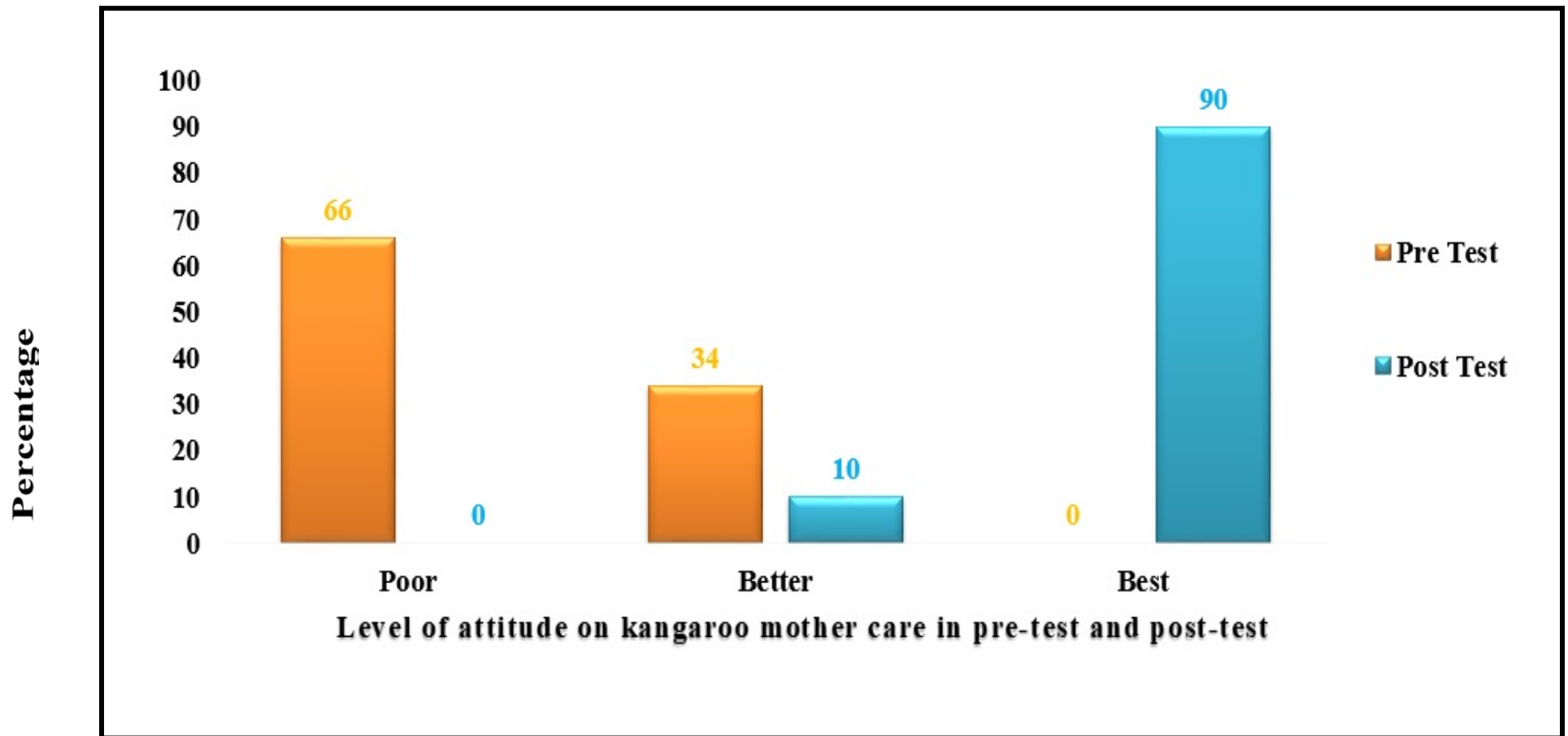


Figure 15. Distribution of level of attitude on kangaroo mother care among antenatal mothers

Table: 7

Comparison of pre and post test level of knowledge on kangaroo mother care among antenatal mothers

N=50

S. No	Observation	Mean	SD. Deviation	Paired 't' value	p value
1	Pre -Test	2.64	1.61321	45.79*** SS	0.001
2	Post -Test	17.50	1.60675		

*****Significant at $p < 0.001$**
SS-Statistically significant

The above table unveils that there was statistically significant difference at level $p < 0.001$ between pre and post-test knowledge score on kangaroo mother care among antenatal mothers .

Table: 8

**Comparison of pre and post test level of attitude on kangaroo mother care
among antenatal mothers**

N=50

S. No	Observation	Mean	SD. Deviation	Paired 't' value	p value
1	Pre – Test	27.9000	4.48	29.68*** SS	0.001
2	Post – Test	51.9800	4.77		

*****Significant at $p < 0.001$**

SS-Statistically significant

The above table unveils that there was statistically significant difference at level $p < 0.001$ between pre and post attitude score on Kangaroo mother care among antenatal mothers .

Table: 9
Association of demographic variables with the level of knowledge on
Kangaroo mother care among Antenatal Mothers

N=50

Demographic Variables		Post Test Knowledge Score						chi square	p value
		Inadequate Knowledge		Moderate Knowledge		Adequate Knowledge			
		N	%	N	%	N	%		
Age of Antenatal Mother in Years	19-21 years	0	0	1	2	13	26	3.128 NS	.372
	22-24 years	0	0	2	4	15	30		
	25-27years	0	0	1	2	12	24		
	27-30 years	0	0	2	4	4	8		
Religion	Christian	0	0	1	2	3	6	1.165 NS	.761
	Hindu	0	0	4	8	27	54		
	Muslim	0	0	0	0	2	4		
	Others	0	0	1	2	12	24		
Marriage	Consanguineous	0	0	4	8	24	48	.315 NS	.575
	Non consanguineous	0	0	2	4	20	40		
Educational Status Of Antenatal Mother	Illiterate	0	0	1	2	3	6	4.754 NS	.313
	Primary	0	0	3	6	8	16		
	High school	0	0	2	4	24	48		
	Higher Secondary	0	0	0	0	4	8		
	Graduate and above	0	0	0	0	5	10		
Educational Status Of Husband	Illiterate	0	0	1	2	8	16	2.266 NS	.687
	Primary	0	0	2	4	12	24		
	High school	0	0	3	6	13	26		
	Higher Secondary	0	0	0	0	1	2		
	Graduate and above	0	0	0	0	10	20		
Occupational Status Antenatal Of Mother	Homemaker	0	0	1	2	8	16	1.114 NS	.774
	Labor	0	0	4	8	22	44		
	Govt employee	0	0	0	0	6	12		
	Business	0	0	1	2	8	16		
Occupational Status Of Husband	Labor	0	0	2	4	6	12	2.415 NS	.491
	Agriculture	0	0	3	6	21	42		
	Govt employee	0	0	0	0	8	16		
	Business	0	0	1	2	9	18		
Type Of Family	Nuclear family	0	0	2	4	15	30	.062 NS	.969
	Joint family	0	0	3	6	20	40		
	Extended	0	0	1	2	9	18		
Type of diet	Vegetarian	0	0	0	0	2	4	.284 NS	.594
	Mixed	0	0	6	12	42	84		
Source of Health Information	Media	0	0	2	4	22	44	3.779 NS	.286
	Health workers	0	0	2	4	4	8		
	Newspaper	0	0	0	0	6	12		
	Others	0	0	2	4	12	24		
Gravida	One	0	0	5	10	23	46	3.215 NS	.200
	Two	0	0	0	0	16	32		
	More Than Two	0	0	1	2	5	10		
Gestational Age	Second trimester	0	0	4	8	31	62	.036 NS	.849
	Third trimester	0	0	2	4	13	26		
Frequency of Antenatal checkup	Once every month	0	0	3	6	26	52	.112 NS	.945
	Twice every month	0	0	1	2	24	48		

NS –Not Significant

The above table shows that there was no association of demographic variables with level of knowledge regarding Kangaroo Mother Care among the antenatal mother

Table: 10
Association of demographic variables with the level of Attitude on
Kangaroo mother care among Antenatal Mothers

N = 50

Demographic Variables		Post-Test Attitude Score						chi square	p value
		Poor		Better		Best			
		N	%	N	%	N	%		
Age of Antenatal Mother in Years	19-21 years	0	0	2	4	12	24	2.085 NS	.555
	22-24 years	0	0	2	4	15	30		
	25-27 years	0	0	0	0	13	26		
	28-30 years	0	0	1	2	5	10		
Religion	Christian	0	0	1	2	3	6	1.303 NS	.728
	Hindu	0	0	3	6	28	56		
	Muslim	0	0	0	0	2	4		
	Others	0	0	1	2	12	24		
Marriage	Consanguineous	0	0	2	4	26	52	.577 NS	.447
	Non Consanguineous	0	0	3	6	19	38		
Educational Status of Antenatal Mother	Illiterate	0	0	2	4	2	4	10.03* SS	.040
	Primary	0	0	2	4	9	18		
	High school	0	0	1	2	25	50		
	Higher Secondary	0	0	0	0	4	8		
	Graduate	0	0	0	0	5	10		
Educational Status of Husband	Illiterate	0	0	2	4	7	14	6.526 NS	.163
	Primary	0	0	3	6	11	22		
	High school	0	0	0	0	16	32		
	Higher Secondary	0	0	0	0	1	2		
	Graduate	0	0	0	0	10	20		
Occupational Status of Antenatal Mother	Homemaker	0	0	1	2	8	16	.760 NS	.859
	Labor	0	0	3	6	23	46		
	Govt. employee	0	0	0	0	6	12		
	Business	0	0	1	2	8	16		
Occupational Status of Husband	Labor	0	0	1	2	7	14	1.389 NS	.708
	Agriculture	0	0	3	6	21	42		
	Govt. employee	0	0	1	2	7	14		
	Business	0	0	0	0	10	20		
Type of family	Nuclear family	0	0	3	6	14	28	2.259 NS	.323
	Joint family	0	0	2	4	21	42		
	Extended	0	0	0	0	10	20		
Type of diet	Vegetarian	0	0	0	0	2	4	.231 NS	.630
	Mixed	0	0	5	10	43	86		
Source of health Information	Media	0	0	2	4	22	44	3.439 NS	.329
	Health workers	0	0	0	0	6	12		
	Newspaper	0	0	0	0	6	12		
	Others	0	0	3	6	11	22		
Gravida	One Gravida	0	0	3	6	25	50	.794 NS	.672
	Two Gravida	0	0	2	4	14	28		
	More Than Two	0	0	0	0	6	12		
Gestational age	Second Trimester	0	0	3	6	32	64	.265 NS	.607
	Third Trimester	0	0	2	4	13	26		
Frequency of Antenatal Checkup	Once every month	0	0	3	6	26	52	.195 NS	.907
	Twice every Month	0	0	1	2	24	48		

NS –Not Significant

SS – Statistically Significant

***-p<0.05**

The above table shows that there was a statistically significant association of between educational status of Antenatal Mothers with level of their attitude towards Kangaroo Mother care at level p<0.05

CHAPTER V

DISCUSSION

This chapter deals with the discussion which was based on the objectives and findings. The aim of the study was to assess the effectiveness of structured video assisted teaching programme on level of knowledge and attitude regarding Kangaroo Mother Care among Antenatal mothers at selected tribal areas in Munnar. The study findings are discussed based on the following objectives,

OBJECTIVES OF THE STUDY

1. To assess the level of knowledge and attitude regarding Kangaroo mother care among antenatal mothers at selected tribal areas in Munnar .
2. To evaluate the effectiveness of structured video assisted teaching programme on the level of knowledge and attitude regarding Kangaroo mother care among antenatal mothers at selected tribal areas in Munnar.
3. To associate the selected demographic variables with level of knowledge and attitude regarding Kangaroo mother care among antenatal mothers at selected tribal areas in Munnar.

FIRST OBJECTIVE

To assess the level of knowledge and attitude regarding Kangaroo mother care among antenatal mothers at selected tribal areas in Munnar .

The analysis on the level of knowledge of antenatal mothers regarding Kangaroo Mother Care in Pre test and post test showed that all the antenatal mothers had inadequate knowledge in the pre test whereas in the post test 88% of them gained adequate knowledge and 12% gained moderately adequate knowledge. This proved that there was a gain of knowledge among antenatal mothers after structured video assisted teaching programme.

The distribution of level of attitude in Kangaroo Mother Care among antenatal mothers in pre and post-test disclosed that 66% and 34% had poor and better attitude respectively in pre-test whereas 90% and 10 % had best attitude respectively in the post-test .The difference between the level of pre and post-test level of attitude among antenatal mothers proved that structured video assisted teaching programme was very effective to enhance the level of attitude on kangaroo mother care.

SECOND OBJECTIVE

To evaluate the effectiveness of video assisted teaching on knowledge and attitude regarding Kangaroo mother care among antenatal mothers at selected tribal areas in Munnar.

The mean score of pre and post test knowledge score on Kangaroo Mother Care among antenatal mothers were 2.64 and 17.50 respectively with mean difference of 14.86.The paired 't' value on comparison of pre and post test knowledge on kangaroo mother care was 45.79***with

the p value of 0.001 which was statistically significant at level $p < 0.001$. It is evident from the above that structured video assisted teaching programme was effective to enhance the knowledge on Kangaroo mother care among antenatal mothers in selected tribal areas in Munnar.

The pre and post test attitude score were 27.90 and 51.98 respectively with the mean difference of 24.08. The paired 't' value on comparison of pre and post test attitude on kangaroo mother care among antenatal mothers was 29.68 which was statistically significant at level $p < 0.001$. This disclosed that structured video assisted teaching programme has yielded good outcome towards the improvement of attitude in post test. These findings are substantiated by the study conducted by vijayalakshmi (2015) which revealed that planned teaching programme increased the level of knowledge and attitude on infant rearing practices in rural areas of Vijayavada, Andhra Pradesh, which was statistically significant at level $p < 0.01$.

Another study conducted by Dr, Madhugupta and Mukesh (2014) on effectiveness of structured teaching programme regarding knowledge on growth and development of infants among mothers in selected community's in south Orissa revealed that structured teaching programme was effective to promote the knowledge in post test which was statistically significant at level $p < 0.05$. It is affirmed from the above findings that structured teaching programme increased the knowledge score in post test. It is proved that structured video assisted teaching programme plays a major role to enhance the knowledge and attitude regarding kangaroo mother care among antenatal mothers. Thus hypothesis "**H₁**: There is significant difference between pre test and post test level of knowledge and attitude regarding Kangaroo Mother Care among antenatal mothers those who were subjected to structured video assisted teaching programme" is accepted.

This brings us to get into a conclusion that the Antenatal Mothers are receptive towards the video assisted teaching programme that influences the knowledge and attitude to practice Kangaroo Mother Care. It is the best method to inculcate Kangaroo Mother Care practices among Antenatal Mothers which will ultimately improve the survival rate of infants reducing the infant mortality and morbidity by enhancing the level of health of infants.

THIRD OBJECTIVE

To associate the selected demographic variables with level of knowledge and attitude regarding Kangaroo mother care among antenatal mothers at selected tribal areas in Munnar.

The chi square value revealed that there were no association of demographic variables with the level of knowledge regarding Kangaroo Mother Care among Antenatal Mothers at selected tribal areas of Munnar. Association of the level of attitude of antenatal mother with demographic variables disclosed that there was a statistically significant association of educational status of antenatal mother with their attitude towards Kangaroo Mother Care at level $p < 0.05$.

These findings proved that structured teaching programme improves the level of knowledge and attitude regarding Kangaroo Mother Care among Antenatal Mothers residing at tribal areas. It the responsibility of the nurse to identify and assess the problem and educate the Antenatal Mothers to give better care to their infants for the better survival .This will ultimately reduce the mortality and morbidity among neonates, which will promote the health indicator.

CHAPTER VI

SUMMARY, IMPLICATION AND RECOMMENDATION

This chapter gives a brief account of the present study, which was conducted to assess the effectiveness of structured video assisted teaching programme on knowledge and attitude regarding Kangaroo mother care among Antenatal mothers. It includes the implications in the nursing practice, nursing education, administration and nursing research.

STATEMENT OF THE PROBLEM

A study to assess the effectiveness of structured video assisted teaching programme on knowledge and attitude regarding Kangaroo mother care among Antenatal mothers at selected tribal areas in Munnar.

OBJECTIVES OF THE STUDY

1. To assess the level of knowledge and attitude regarding Kangaroo mother care among antenatal mothers at selected tribal area in Munnar
2. To evaluate the effectiveness of structured video assisted teaching programme on knowledge and attitude regarding Kangaroo mother care among antenatal mothers at selected tribal areas in Munnar.
3. To associate the selected demographic variables with the level of knowledge and attitude regarding Kangaroo mother care among antenatal mothers at selected tribal areas in Munnar.

SUMMARY OF THE STUDY

A quantitative approach of pre experimental one group pre and post test design was chosen. A total of 50 antenatal mothers aged from 19-30 yrs who fulfilled the inclusion criteria were selected by purposive sampling technique at Community Health Centre, Devikulam Panchayath, Munnar. The pre-test was conducted by interview technique; structured multiple choice questionnaire and three point Likert Attitude scale were used to assess the level of knowledge and attitude respectively among the antenatal mother. The data collected were coded, organised and analysed in terms of both descriptive and inferential statistics.

The findings disclosed that the pre and post test knowledge and attitude were statistically significant at level $p < 0.001$, hence **H₁**: There is significant difference between pre and post-test level of knowledge regarding Kangaroo Mother Care among antenatal mothers those who were subjected to structured video assisted teaching programme and **H₂**: There is a significant difference between pre-test and post-test level of attitude regarding Kangaroo Mother Care among antenatal mothers those who were subjected to structured video assisted teaching programme, are accepted. It is concluded that the Hypotheses H₁ and H₂ are accepted.

MAJOR FINDINGS OF THE STUDY

The major findings of the study are as follows;

- Categorizing age wise 28% belonged to 19-21yrs, 34% belonged to 22-24yrs, 26% belonged to 25-27yrs, and 12% belonged to 28-30yrs respectively of which 8% were christians, 62% were hindus, 4% were muslims, 26% were others who belonged to the worship of malaideivangal. and among them 28% were married consanguineously and 22% were married non –consanguineous respectively.

- The distribution of educational status of antenatal mothers and husbands revealed that 8% of antenatal mothers were illiterate, 22% had primary education, 52% had done high school, 8% had done higher secondary and 10% were graduates and above. Whereas among husbands 18% were illiterate, 28% had primary education, 32% had high school, 2% had higher secondary and 20% were graduates and above.
- The distribution of Occupational status of antenatal mothers was that 18% were home makers, 52% were labors, 12% were government employees and 18% look after business whereas among husbands 16% were labors, 48% worked on land in agriculture, 16% were government employees and 20% had taken on with business.
- About family type, 34% lived in nuclear family, 46% lived in joint family, and 20% were from extended family, among them 96% had mixed dietary habits and only 2% were vegetarians.
- Among the selected samples 48% obtained health related information from the medias such as television, radio, network, internet etc, 6% obtained health informations through the health workers such as NHRM, ASHA, etc 12% through newspapers and 28% from other sources such as neighbours, notices etc.
- Out of the total samples 56% were primigravida, 32% were secondgravida mother and 12% were in the more than 2 gravida. In relation to this 70% of them were in

second trimester of pregnancy, and 30% were in third trimester of pregnancy.

- Regarding health care aspects the number of antenatal check up 52% had their antenatal check up once every month, 48% twice every month and 28% had more than three times till date of pre-test.
- The distribution of level of knowledge on kangaroo mother care among antenatal mothers revealed that 100% of the samples had inadequate knowledge, whereas in post-test 88% and 12% had adequate and moderately adequate knowledge respectively.
- The level of distribution at level of attitude on kangaroo mother care among antenatal mothers revealed that 66% and 34% had poor and better attitude respectively in pre-test, whereas in post test 90% and 10% had best attitude and better attitude respectively.
- The comparison of pre and post test values on kangaroo mother care among antenatal mothers disclosed that there is statistically significant difference at level $p < 0.001$.
- Also there was statistically significant association of education status of mother with level of attitude on kangaroo mother care at level $p < 0.05$.

CONCLUSION

The study finding proved that the structured video assisted teaching program administered by the researcher was effective to increase the knowledge and attitude of the Antenatal Mothers regarding Kangaroo Mother Care.

LIMITATION

The researcher experienced difficult to collect the data by interview method since it was a time consuming process. But with the systematic data collection schedule and adequate co-operation of the antenatal mothers, researcher could collect the data from all the samples completely.

NURSING IMPLICATION

The findings of the study has implication in different fields of nursing, that includes nursing practice, nursing education, nursing administration and nursing research.

Nursing Education

- ❖ Nurse educator can encourage the student nurses to organize Health education programme to Antenatal Mothers as well as postnatal mothers in hospital as well as in the community areas, regarding the importance of kangaroo mother care.
- ❖ The nursing curriculum should impart adequate knowledge to the student nurse regarding kangaroo mother care .
- ❖ The faculty members in nursing education can motivate the students to arrange health programs for both fathers and mothers regarding the Kangaroo Mother Care in attractive way, to make them to practice at home.

Nursing Administration

- ❖ Nurse administrators should motivate the subordinates to participate in various programs and improve their knowledge and skills, with regard to practice of Kangaroo Mother Care.
- ❖ Nurse administrators can organize seminars to the nurses regarding prevention of hypothermia and importance of Kangaroo Mother Care among Antenatal Mothers and Post natal Mothers.
- ❖ Nurse administrators can motivate the nurses to organize health camps and quiz program to the Antenatal Mothers every month, to motivate them in keeping their knowledge up-to-date regarding Kangaroo Mother Care.
- ❖ Nurse administrators can encourage the nurses to conduct the awareness programs and regular health visits in the community areas to encourage mother of both antenatal and post natal to practice Kangaroo Mother Care.

Nursing Research

- ❖ The impact of Kangaroo Mother Care on various developmental milestones on the child should be subjected to research and findings can be communicated and utilized in the practice.
- ❖ Extensive research can be conducted to find out the health problems that arises without practicing Kangaroo Mother Care and can be incorporated in the nursing education and curriculum
- ❖ The impact of practicing Kangaroo Mother Care on infants health aspects especially infection mainly respiratory tract infection and body heat regulatory function can also be studied longitudinally to reduce the mortality and morbidity rate.

Nursing practice

- ❖ The pediatric health nurses should take an initiative in imparting knowledge, practice and attitude among Antenatal and postnatal Mothers through periodical health education program schools, hospitals and community settings.
- ❖ The pediatric health nurses have major role in creating awareness of best techniques regarding Kangaroo Mother Care practices to reduce the mortality and morbidity of infants and new born by providing proper education to the Antenatal Mothers.
- ❖ Public health nurse should help mother in various health care settings to practice kangaroo mother care.

Recommendation

Based on the research findings the recommendations are as follows:

1. A similar study can be conducted to assess the knowledge and practice among fathers of newborn regarding the importance of Kangaroo Mother Care with large sample size.
2. A study can be conducted to see the effect of planned teaching to the staff nurses working at neonatal care unit, on Kangaroo Mother Care.
3. A comparative study can be conducted among Antenatal Mothers of the rural and urban areas.
4. A study can be conducted to find out the knowledge of nursing staffs regarding the benefits and practice of Kangaroo Mother Care
5. Similar study can be conducted with large sample of antenatal mothers to generate the findings.
6. An experimental study can be conducted to see the practicability of Kangaroo Mother Care in various settings.

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INTERNET SOURCES

- <http://www.pubmed.comhhs.gov/>
- <http://www.yahoo.com/>
- <http://www.google.com.html/>
- <http://www.medline.hhs.html/>
- <http://www.image.com/>

APPENDIX – A

REQUISITION LETTER TO PERMIT TO CONDUCT THE STUDY



KARPAGA VINAYAGA COLLEGE OF NURSING

**(Recognised by the Indian Nursing Council and Affiliated to the
Tamil Nadu Dr. M.G.R. Medical University, Chennai)**

G.S.T. Road, Chinna Kolambakkam, Palayanoor (P.O.) Madhuranthagam (Tk.)
Kanchipuram Dt. - 603 308. Phone : 044 - 2756 5202 / 2759 8484

Ref: KVCN/2017

Date 14/03/2017

To

The Medical Officer,
Community Health Centre,
Devikulam Panchayath,
Munnar Post,
Idukki Dt.

Respected Madam/Sir,

Sub: To request permission for Research study—Mrs.D.Mayakutty, II year M.Sc(N) Reg.,

This is for your kind information that our II year M.Sc (N) student of this college has selected the following topic for her research work as required by The Tamilnadu Dr.M.G.R. Medical University, Chennai in partial fulfillment of her M.Sc (N) programme.

“A study to assess the effectiveness of structured video assisted teaching programme on knowledge and attitude regarding Kangaroo Mother Care among antenatal mothers at selected tribal areas in Munnar, Idukki District”.

She would like to conduct research study at Community health centre in Devikulam Panchayath, Munnar, Idukki District. Hence I kindly request you to grant permission for her study and extended your guidance and cooperation in this regard.

Thanking you,

Your's faithfully


PRINCIPAL
Dr.T.KOMALA VINAYAGA, Principal of Nursing,
Karpaga Vinayaga College of Nursing,
G.S.T. Road, Chinna Kolambakkam,
Madhuranthagam.

APPENDIX – B
LETTER PERMITTING TO CONDUCT THE STUDY

CHC DEVIKULAM

IDUKKI (Dt), KERALA (State)

Ph:04865264353,Email-phcdvkm@gmail.com

DEVIKULAM(P.O)

Pin-685613

SUB: PERMISSION TO CONDUCT RESEARCH STUDY

TO: whomever is Concerned

Madam,

I Dr. Archana S P, Medical Officer Community Health Centre Devikulam(Munnar and Devikulam Grama Panchayath) Grant permission to Mrs. Mayakutty , MSc Nursing Student , to conduct her study of to assess the effectiveness of video assisted teaching programme on Knowledge and Attitude regarding Kangaroo Mother Care among Antenatal Mothers at selected Tribal areas in Munnar.

We the team members at Community Health Centre Devikulam extend her full support in providing adequate information and guide her o the best of our Knowledge for her study.



DR. ARCHANA SP


**The Medical Officer
Community Health Centre
Devikulam**

APPENDIX – C
LETTER REQUESTING OPINION AND SUGGESTION OF EXPERTS FOR
ESTABLISHING CONTENT VALIDITY OF TOOL

From,
Mrs. Mayakutty. D,
MSc Nursing II year,
Karpaga Vinayaga College of Nursing,
Madurantakam Taluk,
Kancheepuram District.

To,

Through proper channel,

Sub: Requisition for opinion and suggestions of experts for establishing content validity of research tool

Respected Sir/Madam,

Greetings! As a part of the curriculum requirement the following research title is selected for the study

“A study to assess the effectiveness of structured video assisted teaching program on knowledge and attitude regarding Kangaroo Mother Care among Antenatal Mothers at selected tribal areas in Munnar, Idukki district, Kerala”.

I will be highly privileged to have your valuable suggestions with regard to the establishment of content validity of research tool. So I request you to validate my research tool and give suggestions to develop the tool.

Thanking you

Date:

Yours Sincerely

Place:

Mayakutty. D

APPENDIX – C1
ACCEPTANCE FOR TOOL VALIDATION

From,

To,

Mrs. Mayakutty. D,
MSc Nursing II year,
KarpagaVinayaga College of Nursing,
Madurantakam Taluk,
Kanchipuram District.

Sub: Acceptance of Tool Validation

I hereby certify that I have validated the Research tool of **Mrs. Mayakutty.D, II year M.Sc Nursing** student who is undertaking research study.

“A study to assess the effectiveness of structured video assisted teaching program on knowledge and attitude regarding Kangaroo Mother Care among Antenatal Mothers at selected tribal area in Munnar, Idukki district, Kerala”.

Date:

Signature of the expert

Place:

Name and Designation

APPENDIX – D

RESEARCH PARTICIPANTS CONSENT FORM

Dear Participants,

I, Mrs. Mayakutty. D, II year M.Sc Nursing student of Karpaga Vinayaga College of Nursing, Madurantakam Taluk, Kancheepuram District.

As a part of my curriculum, I would like to conduct research on **“A study to assess the effectiveness of structured video assisted teaching program on knowledge and attitude regarding Kangaroo Mother Care among Antenatal Mothers at selected tribal area in Munnar,Idukki district,Kerala”**.I have obtained permission from the Medical officer of this Community Health center, to conduct my research work.. This study will commence with pre-test to evaluate your existing knowledge and attitude regarding Kangaroo Mother Care on the first day which will be followed by structured video assisted teaching regarding Kangaroo Mother Care to Antenatal Mothers residing in this tribal area for 45 minutes on the second day. The study ends with post-test on eighth day to re-evaluate your knowledge and attitude gained from my structured video assisted teaching programme. I seek your kind co-operation in doing my study successfully after knowing the exact picture of the study

I assure you that my study will not affect your peaceful living at home. Hence I request your valuable consent and co-operation. For any further discussions feel free to ask me. I hereby seek your consent to sign your cooperation to participate in the study. The information collected will be kept confidential.

Signature of Researcher

I ____hereby sign the consent to be the respondents and wish to participate in the study wholeheartedly.

Signature of participants

ஆராய்ச்சி பங்குகேற்பாளரின் ஒப்புதல் படிவம்

அன்புள்ள தாய்மார்களே

து.மாயாகுட்டியாகிய நான் காஞ்சிபுரம் மாவட்டம், மதுராந்தகம் தாலுகாவில் அமைந்துள்ள, கற்பகவிநாயகா செவிலியர் கல்லூரியில் இரண்டாம் ஆண்டு முதுகலை பட்டப்படிப்பு படித்துவருகிறேன். என்னுடைய பாடதிட்டத்தில் ஒரு பகுதியான “ஆராய்ச்சிப்படிப்பில்” , “கருவுற்ற பெண்களுக்கு இடையே, கங்காருவகைதாய் பராமரிக்கும் முறை பற்றி அறிவு மற்றும் அணுகுமுறையை ” என்னும் தலைப்பில் காணொலி காட்சியின் வாயிலாக கற்பிக்கும் திட்டத்தை தலைப்பாக தேர்ந்தெடுத்துள்ளேன். நான் இது தொடர்பான அனுமதியினை மருத்துவ அதிகாரியிடமிருந்து பெற்றுள்ளேன். நான் காணொலிகாட்சியின் மூலமாக, கருவுற்றதாய் மார்களுக்கு 45 நிமிடம் கற்பிக்க உள்ளேன் வகுப்புகள் தொடர்ந்து இரண்டு நாட்கள் நடைபெற உள்ளது. அன்று கங்காரு தாயின் பராமரிப்பு பற்றிய உங்கள் அறிவு மற்றும் அணுகுமுறையை அளவுகோள் வாயிலாக முதல்முறை கணிக்கப்படும். எட்டு நாட்களுக்கு பின் கங்காரு தாயின் பராமரிப்பு பற்றிய உங்கள் அறிவு மற்றும் அணுகுமுறையை அளவுகோள் வாயிலாக இரண்டாம் முறை கணிக்கப்படும் இதற்கு நீங்கள் முழுமையான ஒத்துழைப்பை தருமாறு தாழ்மையுடன் கேட்டுக்கொள்கிறேன் . இதனால் உங்களுடைய நடைமுறை வாழ்க்கையில் எந்தவித இடையூறு ஏற்படாது என்று இதன்மூலம் தெரிவித்துக்கொள்கிறேன். இது தொடர்பான விவரம் அனைத்தும் இரகசியமாக பாதுகாக்கப்படும் என்றும் தெரிவித்துக்கொள்கிறேன் உறுதியளிக்கிறேன் .

ஆராய்ச்சியாளர் பெயர் மற்றும் கையொப்பம் _____

நான் _____ மேற்கண்ட ஆராய்ச்சிப்படிப்பில் பங்கேற்பதற்கு முழுமனதுடனும், முழுநினைவுடனும் சம்மதிக்கிறேன்.

பங்கேற்பாளர் பெயர் மற்றும் கையொப்பம் _____

APPENDIX - E
CERTIFICATE FOR ENGLISH EDITING

WHOM SO EVER IT MAY CONCERN

This is to certify that the dissertation entitled “**A study to assess the effectiveness of structured video assisted teaching program on knowledge and attitude regarding kangaroo mother care among antenatal mothers at selected tribal area in Munnar,Idukki District,Kerala**”, by **Mrs. Mayakutty.D**, II year M.sc Nursing student, Karpaga Vinayaga College Of Nursing, was edited for English language appropriateness.

Date:

Signature of the expert

Place:

Name and Designation

APPENDIX – E1

CERTIFICATE FOR TAMIL EDITING

WHOM SO EVER IT MAY CONCERN

This is to certify that the dissertation entitled “**A study to assess the effectiveness of structured video assisted teaching program on knowledge and attitude regarding kangaroo mother care among antenatal mothers at selected tribal area in Munnar, Idukki district,Kerala**”,by **Mrs. Mayakutty.D**, II year M.sc Nursing student, Karpaga Vinayaga College Of Nursing, was edited for Tamil language appropriateness.

Date:

Signature of the expert

Place:

Name and Designation

LIST OF EXPERTS

1. Dr.Ms. Archana. MD.,

Medical Officer , Community Health Center ,
Devikulam Panchayath ,
Munnar,
Kerala- 685615

2. Dr. Ramanath. MD.,

Professor and HOD of Department of Pediatrics,
KarpagaVinayaga Institute of Medical Sciences and
Research Centre,
MaduranthagamTaluk,
Kancheepuram District.

3. Mrs.Elizabeth Rajan. M.Sc(N).,

Professor and HOD of Child Health Nursing ,
Medical Trust College of Nursing,
Cochin ,
Kerala- 682 002

4. Dr.Mr.John Hanush. M.Sc., Ph.D.,

Professor,
Lourdes College of Nursing,
Cochin,
Kerala -682 002

5. Dr.Mrs. Jossy Mathew. M.Sc., Ph.D.,

Professor and Vice Principal,
Medical Trust College of Nursing,
Cochin,
Kerala- 682 002

6. Dr.Mrs. Cap. Simple Rajagopal.M.Sc., Ph.D.

HOD of Child Health Nursing
Lourdes College of Nursing
Cochin,
Kerala -682 002

7. Mrs. Sumathy.P.M.Sc(N).,

Professor,
HOD of Child Health Nursing,
Kasturiba Gandhi College of Nursing,
Puducherry District.

APPENDIX – G
TOOL FOR THE STUDY
STRUCTURED QUESTIONNAIRE

PART –I

SECTION –A

DEMOGRAPHIC VARIABLES

Instruction: Please put tick () in appropriate columns against each question.

1. Age of mother in years

- | | |
|---------------|----------|
| a) 19-21 year | () |
| b) 22-24years | () |
| c) 25-27years | () |
| d) 28-30years | () |

2. Religion

- | | |
|--------------------|----------|
| a) Christian | () |
| b) Hindu | () |
| c) Muslim | () |
| d) Others(specify) | () |

3. Type of marriage

- | | |
|-----------------------|----------|
| a) Consanguineous | () |
| b) Non consanguineous | () |

4. Educational status of Antenatal mother

- | | |
|----------------------------|----------|
| a) illiterate | () |
| b) Primary | () |
| c) High school | () |
| d) Higher secondary school | () |
| e) Graduates | () |

5. Educational status of husband

- a) Literate ()
- b) Primary ()
- c) High school ()
- d) Higher secondary school ()
- e) Graduates ()

6. Occupational status of Antenatal mother

- a) Home maker ()
- b) Labor ()
- c) Government employee ()
- d) Business ()

7. Occupational status of husband

- a) Labor ()
- b) Agriculture ()
- c) Government employee ()
- d) Business and others ()

8. Type of family

- a) Nuclear family ()
- b) Joint family ()
- c) Extended family ()

9. Type of Diet

- a) Vegetarian ()
- b) Mixed diet ()

10. Source of health information

- a) Media ()
- b) Health Workers ()
- c) Newspaper ()
- d) Others (specify) ()

11. Gravida

- a) 1 ()
- b) 2 ()
- c) More than 2 ()

12. Gestational Age

- a) Second trimester ()
- b) Third trimester ()

13. Frequency of Antenatal Check-up

- a) Once every month ()
- b) Twice every month ()

PART II

SECTION-A

MULTIPLE CHOICE QUESTIONS TO ASSESS THE LEVEL OF KNOWLEDGE REGARDING KANGAROO MOTHER CARE AMONG ANTENATAL MOTHERS

1. Kangaroo mother care uses the technique of _____

- a) supplementary feeding ()
- b) skin to skin contact ()
- c) artificial incubator care ()
- d) mummification ()

2. Kangaroo mother care is special way of caring _____

- a) neonate ()
- b) infants ()
- c) toddlers ()
- d) preschoolers ()

3. Kangaroo mother care promotes _____

- a) hygiene ()
- b) cry of baby ()
- c) thermal control ()
- d) weight gain ()

4. Components of Kangaroo mother care are except _____

- a) skin to skin contact ()
- b) breast feeding ()
- c) mother child bonding ()
- d) personal hygiene ()

5. Kangaroo mother care results in increased duration of _____

- a) Weight gain ()
- b) Breast feeding ()
- c) Activity level ()
- d) Hospitalisation ()

6. Kangaroo mother care satisfies all senses of _____

- a) Mother ()
- b) Neonate ()
- c) Nurse ()
- d) Physician ()

7. Best method of transporting neonate is _____

- a) Kangaroo mother care ()
- b) in Cradle ()
- c) in Hands ()
- d) baby bed ()

8. Kangaroo mother care facilitates better _____

- a) mother child bonding ()
- b) brother bonding ()
- c) sister bonding ()
- d) relative bonding ()

9. The neonate is placed between the _____ in Kangaroo mother care

- a) legs ()
- b) breast ()
- c) breast and abdomen ()
- d) arms ()

10. The type of cloth used for mother during Kangaroo mother care is _____

- a) front open cotton clothes ()
- b) silk materials ()
- c) blanket ()
- d) synthetic clothes ()

11. The positioning of neonate during Kangaroo mother care is _____

- a) frog like ()
- b) lizard like ()
- c) caterpillar like ()
- d) butterfly ()

12. The neck of the neonate should be placed slightly _____ position in the chest of mother during Kangaroo mother care

- a) extended ()
- b) flexed ()
- c) right lateral ()
- d) left lateral ()

13. The advantage of Kangaroo Mother Care on mother is _____

- a) to stimulates sleep ()
- b) to stimulate appetite ()
- c) to stimulate milk production ()
- d) to stimulate anger ()

14. The abdomen of neonate is placed _____ during Kangaroo mother care

- a) between the breast of mother ()
- b) at the level of mothers upper abdomen ()
- c) over the lap of mother ()
- d) lateral to mothers breast ()

15. Maximum duration of Kangaroo mother care is _____

- a) Half a day ()
- b) Half an hour ()
- c) 24 hours ()
- d) Not more than 2 hrs a day ()

16. Frequent handling of neonate during Kangaroo mother care causes _____.

- a) Stress to neonate ()
- b) Stress to mother ()
- c) Stress to father ()
- d) Stress to nurse ()

17. Expected weight gain for neonate during Kangaroo mother care is _____.

- a) 15 - 20 gms/kg/day ()
- b) 1 - 2 gms/kg/day ()
- c) 3 - 4 gms/kg/day ()
- d) 5 -10 gms/kg/day ()

18. Kangaroo mother care should be discontinued when neonate _____

- a) Sleeps ()
- b) shows signs of discomfort ()
- c) is comfortable ()
- d) Feeds ()

19. During Kangaroo mother care the baby must be dressed without _____.

- a) diaper ()
- b) cap ()
- c) gloves ()
- d) gown ()

20. _____ is an effective method of thermal regulation in neonates.

- a) bedding in ()
- b) rooming in ()
- c) kangaroo mother care ()
- d) incubator care ()

பகுதி - I

பிரிவு-அ

சமூகம் சார்ந்த பின்னணி விவரங்கள்

வழிமுறை: ஒவ்வொரு கேள்விக்கும் எதிராக சரியான பகுதியில் டிக் () செய்யவும்.

1. கருவுற்ற தாய்மார்களின் வயது

அ) 19-21 வருடம் ()

ஆ) 22-24 வருடம் ()

இ) 25-27 வருடம் ()

ஈ) 28-30 வருடம் ()

2. மதம்

அ) கிறிஸ்துவம் ()

ஆ) இந்து ()

இ) முஸ்லீம் ()

ஈ) பிற மதத்தவர் ()

3. திருமணத்தின் வகை

அ) இரத்த உறவுமுறை ()

ஆ) உறவுமுறையல்லாத ()

4. கருமவுற்ற தாயிமாரின் கல்வித்தகுதி

அ) படிக்காதவர் ()

ஆ) ஆரம்ப கல்வி ()

இ) உயர் கல்வி ()

ஈ) உயர்நிலை கல்வி ()

உ) பட்டதாரி ()

5. கணவனின் கல்வித்தகுதி

அ) படிக்காதவர் ()

ஆ) ஆரம்ப கல்வி ()

இ) உயர் கல்வி ()

ஈ) உயர்நிலை கல்வி ()

உ) பட்டதாரி ()

6. தாயின் தொழில்

- அ) இல்லத்தரசி ☐
- ஆ) தொழிலாளி ☐
- இ) அரசாங்க ஊழியர் ☐
- ஈ) வணிகம் ☐

7. கவணரின் தொழில்

- அ) தொழிலாளர் ☐
- ஆ) விவசாயம் ☐
- இ) அரசாங்க ஊழியர் ☐
- ஈ) வணிகம் ☐

8. குடும்ப வகை

- அ) தனி குடும்பம் ☐
- ஆ) கூட்டு குடும்பம் ☐
- இ) விரிவான குடும்பம் ☐

9. உணவு வகை

- அ) சைவம் ☐
- ஆ) சைவம் மற்றும் அசைவம் உணவு ☐

10. சுகாதார தகவல்

- அ) ஊடகம் ☐
- ஆ) சுகாதாரத் தொழிலாளர்கள் ☐
- இ) செய்தித்தாள் ☐
- ஈ) மற்றவை ☐

11.தாய்மை நிலை

அ) ஒன்று

()

ஆ) இரண்டு

()

இ) இரண்டுக்கு மேல்

()

12. கர்ப்பகால வயது

அ) இரண்டாவது மூன்று மாதங்கள்

()

ஆ) மூன்றாவது மூன்று மாதங்கள்

()

13. பிறப்புச் சோதனைக்கான எண்ணிக்கை

அ) மாதம் ஒரு முறை

()

இ) மாதம் இரு முறை

()

பகுதி II

பிரிவு அ

கங்காரு தாய் பராமரிக்கும் முறை பற்றிய கேள்விகள்

வழிமுறை: ஒவ்வொரு கேள்விக்கும் எதிராக சரியான பத்தியில் டிக் () செய்யவும்.

1. கங்காரு தாய் பராமரிப்புமுறை _____ நுட்பத்தை பயன்படுத்துகிறது.

அ) கூடுதல் உணவு ()

ஆ) சர்மத்தோடு சர்மம் சேர்தல் ()

சி) செயற்கை கருவி ()

ஈ) துணியில் பொதிந்து வைத்தல் ()

2. கங்காரு தாய் பராமரிப்பு _____ குழந்தையை பராமரிக்கும் முறை.

அ) பச்சிளம் ()

ஆ) ஒரு வயது ()

இ) மூன்று வயது ()

ஈ) விளையாட்டு பள்ளி ()

3. கங்காருவகை தாய் பராமரிப்பு முறை கீழ் கண்டவற்றுள் _____ யை ஊக்குவிக்கிறது

அ) சுகாதார முறை ()

ஆ) குழந்தையின் அழகை ()

இ) வெப்ப கட்டுப்பாட்டை ()

ஈ) எடை அதிகரித்தல் ()

4. கங்காரு தாய் பராமரிப்பு கூறுகளில் அல்லாதவை _____ .

அ) சர்மத்தோடு சர்மம் சேர்தல் ()

ஆ) தாய் பால் ()

இ) தாய் சேய் பிணைப்பு ()

ஈ) சுயசுகாதாரம் ()

5. கங்காரு தாய் பராமரிப்பு _____ கால நீடிப்பு அதிகரிக்கும்.

அ) எடை அதிகரிப்பு ()

ஆ) தாய் பால் ()

சி) சுறு சுறுப்பு நிலை ()

ஈ) மருத்துவ மனையில் ()

6. கங்காரு தாய் கவனிப்பு _____யின் அனைத்து உணர்வுகளையும் திருப்தி செய்கிறது

அ) ஒரு தாய் ()

ஆ) பச்சிளாங் குழந்தைக்கு ()

இ) செவிலியர் ()

ஈ) மருத்துவர் ()

7. பச்சிளாங் குழந்தைக்கு கொண்டு செல்வதற்கான சிறந்த முறை _____

அ) கங்காரு தாய் பராமரிப்பு ()

பி) தொட்டிலில் ()

சி) கைகளில் ()

ஈ) குழந்தை படுக்கை ()

8. கங்காருவகை தாய் பராமரிப்பு _____ யை உக்குவிக்கும்.

அ) தாய் சேய் பிணைப்பு ()

ஆ) சகோதரா பிணைப்பு ()

இ) சகோதரியின் பிணைப்பு ()

ஈ) உறவினர் பிணைப்பு ()

9. கங்காரு தாய் பராமரிப்பில் பச்சிளாங் குழந்தையை _____ இடைப்பட்ட இடத்தில் வைக்கப்படுகிறது

அ) கால்களின் ()

ஆ) மார்பகத்திற்கு ()

இ) மார்பகம் மற்றும் வயிற்று பகுதி ()

ஈ) கைகளின் ()

10. கங்காரு தாய் பராமரிப்பின் முறையில், தாய்க்கு பயன்படுத்தவது _____ துணி வகை.

அ) பருத்தி ()

ஆ) பட்டாடை ()

இ) கம்பளி ()

ஈ) செயற்கை ()

11. கங்காரு தாயின் பராமரிப்பில் பச்சிளங் குழந்தை _____ நிலையில் வைக்கப்பட வேண்டும்

அ) தவளை நிலை ()

ஆ) பல்லி நிலை ()

இ) கம்பளிப்பூச்சி நிலை ()

ஈ) பட்டாம் பூச்சி நிலை ()

12. கங்காரு தாய் கவனிப்பின் போது, பச்சிளங் குழந்தையின் கழுத்து _____ நிலையில் தாயின் மார்பு பகுதியில் வைக்கப்பட வேண்டும்.

அ) நீட்டிக்கப்பட்ட ()

ஆ) மடக்கிய ()

இ) இடது பக்கவாட்டு ()

ஈ) வலது பக்கவாட்டு ()

13. கங்காரு தாயின் பராமரிப்பில் தாயின் பயண் _____.

அ) தூக்கத்தைத் தூண்டுதல் ()

ஆ) பசியை தூண்டுதல் ()

இ) பாலுணர்ச்சியைத் தூண்டுதல் ()

ஈ) கோபத்தை தூண்டுதல் ()

14. கங்காரு தாயின் பராமரிப்பின்போது பச்சிளங் குழந்தையின் வயிற்றுப்பகுதி _____ வைக்கப்பட வேண்டும்

அ) மார்பகத்திற்கு இடையில் ()

ஆ) மேல் இரப்பை பகுதில் ()

இ) தாயின் மடிமேல் ()

ஈ) பக்கவாட்டிலிருந்து, மார்ப்பு வரை ()

15. கங்காரு தாய் பராமரிப்பு அதிகபட்ச நேரம் _____.

அ) அரை நாள் ()

ஆ) அரை மணி நேரம் ()

இ) 24 மணி நேரம் ()

ஈ) இரண்டு மணி நேரத்திக்கு மிகாமல் ()

16. கங்காருவகை தாய் பராமரிப்பு முறையில், பச்சிளாங் குழந்தையை கையாளுதல் _____
தூண்டும்

அ) பச்சிளாங் குழந்தைக்கு மனஅழுத்தை ()

ஆ) தாயிக்கு மனஅழுத்தை ()

இ) தந்தைக்கு மனஅழுத்தை ()

ஈ) செவிலியர்க்கு மனஅழுத்தை ()

17. கங்காருவகை தாய் பராமரிப்பயில் எதர்ப்பார்க்கப்படும் எடையின் அளவு_____.

அ) 15 - 20 கிராம் / கிலோ / நாள் ()

ஆ) 1 - 2 கிராம் / கிலோ /நாள் ()

இ) 3 - 4 கிராம் / கிலோ /நாள் ()

ஈ) 5 -10 கிராம் / கிலோ / நாள் ()

18. கங்காருவகை தாய் பராமரிப்பு முறையில் பச்சிளாங் குழந்தையை _____

விடுவிக்கவேண்டும்.

அ) உறங்கும்போது ()

ஆ) அசௌகரியம் அறிகுறிகளின்போது ()

இ) சௌகரியமான அறிகுறிகளின்போது ()

ஈ) குழந்தைக்கு பாலுட்டும்போது ()

19. கங்காருவகை தாய் பராமரிப்பு முறையின்போது பச்சிளாங் குழந்தை _____அணியளாகாது.

அ) அரை ஆடை ()

ஆ) தொப்பி ()

இ) கையுறைகள் ()

ஈ) மேலங்கி ()

20. பச்சிளாங்குழந்தையின் வெப்பக்கட்டுபாட்டிற்கு உதவும் மிக சிறந்ததும் மலிவானதுமான முறை_____.

அ) படிக்கையில் ()

ஆ) அறையின் உள்ளே ()

இ) கங்காருவகை தாய் பராமரிப்பு ()

ஈ) செயற்கை கருவி ()

PART - II

SECTION -B

**THREE POINT LIKERT ATTITUDE SCALING TO ASSESS THE ATTITUDE
REGARDING KANGAROO MOTHER CARE AMONG ANTENATAL MOTHERS**

Instruction: Please read carefully and Tick () the correct answer in appropriate columns

S.NO.	ITEM	SCORE		
	Kangaroo Mother Care	DISAGREE	UNCERTAIN	AGREE
1	Is frustrating and irritating			
2	Is a care I would like to practise			
3	Is not acceptable all time			
4	Is a positive practise for better child health			
5	No better use in overall			
6	Require patience			
7	Needs repeated training			
8	Just increases mothers workload in caring neonate			
9	Is time wasting			
10	Is Beneficial			
11	Is Difficult to follow			
12	Improves child mother bonding			
13	Is an Inconvenient method			
14	Is a care that I am not satisfied with			
15	Is not practically possible			
16	Promotes breast feeding			
17	Gives neonate a sense of security			
18	Reduces mothers anxiety			
19	Motivates on caring neonate			
20	Gives better chance for father to care neonate			

KEY:

➤ Positive statement 2, 4, 6, 7, 10, 16, 17, 18, 19, 20.

Scores: Disagree- 1, Uncertain – 2, Agree – 3

➤ Negative statements 1, 3, 5, 8, 9, 11, 13, 14, 15.

Scores: Disagree- 3, Uncertain – 2, Agree - 1

பகுதி – III

கங்காரு தாயின் பராமரிப்பு அணுகுமுறையை அறியும் அளவுகோள்
மாற்றி அமைக்கப்பட்ட லிகேர்ட் மூன்று புள்ளி அணுகுமுறை அளவுகோள்
வழிமுறை: ஒவ்வொரு கேள்விக்கும் எதிராக சரியான பத்தியில் டிக் () செய்யவும்.

வ. எண்	உருப்புகள்	மதிப்பெண்கள்		
	கங்காரு தாயின் பராமரிப்பு	ஏற்க மறுக்கிறேன்	தெரியவில்லை	ஏற்குகிறேன்
1	இது ஒரு பராமரிப்பு ஏமாற்றமும் எரிச்சலும்			
2	இது ஒரு பராமரிப்பு, நான் பயிற்சி செய்ய விரும்புகிறேன்			
3	இது எல்லா நேரமும் ஏற்படையதல்ல			
4	இது எல்லா நேரமும் பயண் அளிப்பதில்லை			
5	நல்ல குழந்தைநலத்திற்கான நேர்முறை பயிற்சி			
6	தேவையான முறை			
7	தொடர்பயிற்சி தேவை			
8	பச்சிளாங் குழந்தை பராமரிப்பிள் தாயின் வேலை பலுவை அதிகரிக்கும்			
9	இது நேரம் வீணாகிறது			
10	இது பயண் உள்ளது			
11	இதை கடைப்பிடிப்பது சிரமம்			
12	தாய்சேய் பிணைப்பை மேம்படுத்துகிறது			
13	ஒரு சாதாகமற்ற முறை			
14	இது ஒரு பராமரிப்பு இருந்தும் இதில் திருப்தி இல்லை			
15	இது நடைமுறையில் சாத்தியமில்லை			
16	தாய்பாலை ஊக்கிவித்தல்			
17	பச்சிளாங் குழந்தைக்கு பாதுகாப்பான உணர்வைத் தருகிறது			
18	பச்சிளாங் குழந்தையை பற்றிய தாயின் பயத்தை குறைக்கிறது			
19	குழந்தை பராமரிப்பில், தாயை ஊக்கிவிற்கிறது			
20	தந்தைக்கு பச்சிளாங் குழந்தையை பராமரிக்க சிறந்த வாய்ப்பு அளிக்கிறது			

குறிப்பீடு:

நேர்மறை அறிக்கை : 2, 4, 6, 7,10,16,17,18,19,20.

மதிப்பெண் : ஏற்க மறுக்கிறேன் -1, தெரியவில்லை - 2, ஏற்க்கிறேன் -3

எதிர்மறை அறிக்கை : 1, 3, 5, 8,9,11,13,14,15

மதிப்பெண் : ஏற்க மறுக்கிறேன் -3, தெரியவில்லை - 2, ஏற்க்கிறேன் -1

LESSON PLAN ON KANGAROO MOTHER CARE

Course of study	:	M.sc Nursing
Year of study	:	M. Sc (N) II year
Subject	:	Child Health Nursing
Topic	:	Kangaroo Mother Care
Group	:	Antenatal Mothers
Venue	:	Community Health Center at Devikulam Panchayath, Munnar, idukki district
Time	:	45 minutes
Student Teacher	:	Mrs. Mayakutty. D
Method of Teaching	:	Lecture cum demonstration method
A.V aids	:	LCD Projector, Models.

GENERAL OBJECTIVE:

On Completion of the class the antenatal mothers will acquire adequate knowledge regarding Kangaroo Mother Care and practice the same with positive attitude.

SPECIFIC OBJECTIVES:

At the end of the class the antenatal mothers will be able to

- define kangaroo mother care
- list down the components of kangaroo mother care
- enlist the purposes of kangaroo mother care
- explain the benefits of kangaroo mother care
- demonstrate the procedure of kangaroo mother care
- enumerate the follow up care

SELF INTRODUCTION

I, Mrs. Mayakutty. D, Second year M.Sc. Nursing student at Karpaga Vinayaga College of Nursing. I would like to assess your knowledge and attitude regarding Kangaroo Mother Care. I seek your cooperation to listen carefully and clarify your doubts.

S. No	Specific Objectives	Time (min)	Content	Teacher Activity	Learners Activity	AV aids
1	define Kangaroo Mother Care	2	<p style="text-align: center;">KANGAROO MOTHER CARE</p> <p><u>INTRODUCTION</u></p> <p>Caring low birth weight baby is a great challenge for the neonatal care unit and family. Number of low birth baby is still far beyond the expected target in our country. The cost of quality management of these babies is increasing day by day. Kangaroo mother care is a low cost approach for the care of low birth weight baby and other healthy neonates.</p>	explaining and discussing	listening and actively participating	LCD projector
		4	<p><u>DEFINITION</u></p> <ul style="list-style-type: none"> ➤ Kangaroo mother care is a special way of caring neonates by skin to skin contact between mother and baby. ➤ Kangarooing is an effective way to meet baby's needs for warmth, breastfeeding, clean environment, human contact and safety. ➤ It promotes their health and wellbeing by effective Thermal control, breast feeding, and bonding. Kangaroo mother care is initiated in hospital and continued at home. 	explaining and discussing	listening	LCD projector

S. No	Specific Objectives	Time (min)	Content	Teacher Activity	Learners Activity	AV aids
2	list down the components of Kangaroo Mother Care	3	<u>COMPONENTS OF KMC</u> <ul style="list-style-type: none"> ✓ Skin to skin contact ✓ Exclusive breast feeding ✓ Infection control ✓ Thermal regulation 	explaining and clarifying	listening and actively participating	LCD projector
3	list down the purposes of Kangaroo Mother Care	5	<u>PURPOSES OF KANGAROO MOTHER CARE</u> <ul style="list-style-type: none"> ❖ Kangaroo Mother Care reduces neonate and infant mortality. ❖ Kangaroo Mother Care lowers the rate of infection and sepsis, nosocomial infection, hypothermia and lower respiratory tract infection. ❖ Kangaroo Mother Care resulted in increased improved weight gain, increased in length and head circumference, improved breast feeding, mother infant bonding and maternal satisfaction. ❖ There is reduced response to painful stimuli. 	explaining and clarifying	listening and actively participating	LCD projector

S. No	Specific Objectives	Time (min)	Content	Teacher Activity	Learners Activity	AV aids
4	explain the benefits of Kangaroo Mother Care	10	<p><u>BENEFITS OF KMC</u></p> <ul style="list-style-type: none"> ➤ Kangaroo Mother Care helps in thermal control ➤ Kangaroo Mother Care results in increased duration and rate of Feeding. ➤ Kangaroo Mother Care satisfies all senses of the infant. ➤ Kangaroo Mother Care protects neonate against nosocomial infection. ➤ Daily weight gain is better during Kangaroo Mother Care thus hospital stay is reduced. ➤ Kangaroo Mother Care facilitates better mother child bondage due to significantly less stress during kangarooing. ➤ Kangaroo Mother Care is best method for transporting babies from one place to another by skin to skin contact. 	explaining and discussion	listening	LCD Projector

S. No	Specific Objectives	Time (min)	Content	Teacher Activity	Learners Activity	AV aids
4	explain the benefits of Kangaroo Mother Care	16	<ul style="list-style-type: none"> ➤ Mother feeling increased sense of confidence, self-esteem, sense of fulfillment and deep satisfaction . ➤ Father feels more relaxed, comfortable and better bonded. 	explaining and discussing	listening and actively participating	LCD Projector
5	explain the steps of procedure during kangaroo Mother Care		<p><u>PROCEDURE</u></p> <p><i>Counseling</i> :Counseling and supervision has to be provided to the mother by the health personnel to gain cooperation from her.</p> <ul style="list-style-type: none"> ✓ Explain benefits of Kangaroo Mother Care to mother. ✓ Demonstrate the procedure to the mother ✓ Answer the questions asked by the mother. ✓ Allow mother to interact with someone who already is practicing Kangaroo Mother Care. ✓ Discuss about the procedure to the mother in law, husband 	Explains and demonstrate	listening and actively participating	LCD Projector, Model

S. No	Specific Objectives	Time (min)	Content	Teacher Activity	Learners Activity	AV aids
5	explain the steps of procedure during kangaroo Mother Care		<p><i>Privacy</i></p> <ul style="list-style-type: none"> ❖ Privacy should be maintained to avoid unnecessary exposure on the part of mother which makes her nervous and de-motivating. <p><i>Psychological support</i></p> <ul style="list-style-type: none"> ❖ Mother needs motivation to continue Kangaroo Mother Care. ❖ She should be encouraged to ask questions to remove anxieties. <p><i>Preparation for kangaroo mother care:</i></p> <p><u>Eligibility criteria for mother</u></p> <ul style="list-style-type: none"> • Mother should be free of illness • She must be willing to provide Kangaroo Mother Care. • She should maintain good hygiene, daily bath, change of clothes, hand hygiene, short and clean fingers and nails etc., 	Explains and demonstrate	listening and actively participating	LCD Projector, models

S. No	Specific Objectives	Time (min)	Content	Teacher Activity	Learners Activity	AV aids
5	explain the steps of procedure during kangaroo Mother Care		<p><i>Mother's clothing</i></p> <ul style="list-style-type: none"> • Mother should wear front open cotton clothes • Light dress as per culture • Mother can wear sari, blouse gown or shawl <p><i>Baby's clothing</i></p> <ul style="list-style-type: none"> • The baby should not wear any clothes except for cap, socks, and mittens. • The baby should also wear a diaper. <p><i>Kangaroo positioning</i></p> <ol style="list-style-type: none"> 1. The baby has to be placed in between mother's breast in upright position. 2. Baby's head should be turned to one side 3. The head must be placed in slightly extended position which helps to keep the airway open and allow eye to eye contact between mother and baby. 	Explains and demonstrate	listening and actively participating	LCD Projector, Models

S. No	Specific Objectives	Time (min)	Content	Teacher Activity	Learners Activity	AV aids
5	explain the steps of procedure during kangaroo Mother Care		<p>4. Baby's hip should be flexed and in a frog like position and arms must be flexed and placed on mother's chest.</p> <p>5. Baby's abdomen must be placed at level of mother's epigastrium.</p> <p>6. Baby can be supported with a sling or binder.</p> <p><i>Positive signs during kangaroo mother care</i></p> <ul style="list-style-type: none"> ✓ Baby is healthy. ✓ Feeds exclusively well with breast milk. ✓ Gains weight of 15 to 20 gm/kg/day. ✓ Maintains normal body temperature <p><i>Feeding</i></p> <ul style="list-style-type: none"> • Mother needs help to breastfeed her baby during Kangaroo Mother Care holding the baby near the breast stimulates milk production and kangaroo position makes the breast feeding easier 	Explains and demonstrate	listening and actively participating	LCD Projector, Models

S. No	Specific Objectives	Time (min)	Content	Teacher Activity	Learners Activity	AV aids
5	explain procedure of kangaroo mother care	3min	<p><i>Time of initiation</i></p> <ul style="list-style-type: none"> Kangaroo Mother Care should be started immediately after birth of the baby. <p><i>Duration of Kangaroo Mother Care</i></p> <ul style="list-style-type: none"> Duration of Kangaroo Mother Care should not be less than one hour to avoid frequent handling which may be stressful to the baby. Minimum of 3 sittings for an hour each must be done. The maximum duration for kangaroo mother care is up to 24 hours in a day. Interruption only can be done for changing of diapers. 	explains and demonstrate	listening and actively participating	LCD Projector, Models
6	enumerate follow up care		<p><u>FOLLOW UP ADVICES</u></p> <ul style="list-style-type: none"> ❖ Kangaroo Mother Care should be continued at home after discharge from hospital. For safe and successful Kangaroo Mother Care at home a regular follow up at home should be arranged to solve problem and to evaluate health status of infant. 	lecturing	listening and asking doubts	LCD Projector

S. No	Specific Objective	Time (min)	Content	Teacher Activity	Learners Activity	AV aids
6	enumerate follow up care	2	<ul style="list-style-type: none"> ❖ Baby must be taken for checkup once or twice a week as per doctors advise up to 40 weeks of gestation. ❖ Thereafter a follow up once in 2-4 weeks till 3 months of post conceptional age. ❖ Mother can return to skin-to-skin contact occasionally, in cold climates or during the cold season and could go on for longer after giving the baby a bath, during cold nights, or when the baby needs comfort. <p><u>CONCLUSION</u></p> <p>Kangaroo Mother Care is an indigenous technique used to prevent and manage hypothermia which is very simple an easy and does not require any expertise or expertise equipment's.</p>	lecturing	listening and asking doubts	LCD Projector

SUMMARY:

In this class we have learnt about the definition, Components, Prerequisites, Benefits, and Eligibility Criteria for baby and Mother, Preparation of Mother and Child and Procedure, and follow up advices of Kangaroo Mother Care

EVALUATION:

Multiple Choice Questionnaire (Written Demonstration)

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- 1.Achar's, (2010). *The text book of paediatrics*. 4th edition. orient Longman ltd. universities press private limited publishers,page 83-92.
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கங்காரு தாய் பராமரிப்பு பற்றிய பாடத்திட்டம்

படிப்பு	:	முதுகலை செவிலியர் படிப்பு
வருடம்	:	முதுகலை செவிலியர் இரண்டாம் ஆண்டு
பாடம்	:	குழந்தைகள் நல செவிலியர் பாடம்
தலைப்பு	:	கங்காரு தாய் பராமரிப்பு
குழு	:	கர்பகால தாய்மார்கள்
இடம்	:	சமுதாய சுகாதார மையம் - பழங்குடிப் பகுதி சமுதாய நல மையம்
நேரம்	:	45 நிமிடங்கள்
மாணவியின் பெயர்	:	து.மாயாகுட்டி
கற்ப்பிக்கும் முறை	:	விரிவுரை மற்றும் செய்முறை விளக்கம்
போதனை உபகரணங்கள்	:	கணினி, ஒலி ஒளி, வீச்சி காணொலி திரை மற்றும் மாதிரி

பொதுநோக்கம்

இப்பாடத்தின் முடிவில் கர்பகால தாய்மார்கள் அனைவரும் கங்காரு தாய் பராமரிப்பு பற்றிய அறிவும், அதனை பயன்படுத்தும் முறை மற்றும் அனுகுமுறை பற்றியும் அறிந்து நடைமுறை வாழ்கையில் கடைபிடிக்க உறுதுணையாக இருக்கும்

குறிப்பிட்ட நோக்கம்:

இப்பாடத்தின் முடிவில் கர்பகால தாய்மார்கள் அறியவேண்டியவை

- வரையறுக்கப்பட்ட கங்காரு தாய் பராமரிப்பு
- வரிசைபடுத்தப்பட்ட கங்காரு தாய் பராமரிப்பின் கூறுகள்
- வரிசைபடுத்தப்பட்ட கங்காரு தாய் பராமரிப்பின் நோக்கம்
- கங்காரு தாய் பராமரிப்பின் பயன்கள்
- கங்காரு தாய் பராமரிப்பின் செய்முறை படியின் விளக்கம்
- தொடர் பராமரிப்பை வரிசை படுத்துதல்

சுயஅறிமுகம்

திருமதி மாயாகுட்டி .து நான் கற்பக விநாயகா செவிலியர் கல்லூரியில் , முதுகலைப் செவிலியர் படிப்பில் இரண்டாம் ஆண்டு படிக்கிறேன். கங்காரு தாய் பராமரிப்பு முறையை பற்றி தெளிவாக எடுத்துவுரைக்கவும் அதனுடைய செய்முறை விளக்கத்தையும் உங்கள் மனதில் பதிய வைக்க ஆசை படுகின்றேன். அதற்கு நிங்கள் முழு ஓத்துழைப்பு கொடுக்குமாறு தாழ்மையுடன் கேட்டுக்கொள்ளுகிறேன், இப்பொழுதுபாடத்திற்குசெல்வோமா?

வ.எண்	குறிப்பிட்ட குறிக்கோள்	நேரம்	உள்ளடக்கம்	ஆசிரியர் செயல்பாடு	கற்றல் செயல்பாடு	போதனை உபகரணங்கள்
1	கங்காரு தாய் பராமரிப்பு கவனிப்பின் வரையறைகள்	2நிமி.	<p>கங்காரு தாய் பராமரிப்பு</p> <p>முன்னுரை. பச்சிளம் குழந்தை பராமரிப்பு என்பது குடும்பத்திற்கும் சுகாதார பிரிவுக்கும் ஒருபெரிய சவாலாக இருந்து வருகிறது. இதுவரை நம்நாட்டில் பச்சிளம் குழந்தையின் இறப்பு எண்ணிக்கை எதர்பார்த்த அளவிற்கு மேல் அதிகரித்துள்ளது, குழந்தை பராமரிப்பு செலவும் அதிகரித்து வருகிறது. கங்காரு தாய் பராமரிப்பு மூலம் இந்த பிரச்சனைகளை எளிதாகவும், விலை குறைவாகவும், பிரச்சனைகளை அனுகலாம், இப்பொழுது கங்காரு தாய் பராமரிப்பு முறை காணலாம்</p>	விளக்கி மற்றும் விவாதித்தல்	கவனித்தல்	காணொலி திரை
2		4நிமி	<p>கங்காரு தாய் பராமரிப்பு - வரையறை:</p> <ul style="list-style-type: none"> ➤ கங்காரு தாய் பராமரிப்பு என்பது, அம்மாவின்சருமத்தோடு குழந்தையின் சருமத்தை இணைப்பதன் மூலம் பராமரிக்கும் ஒரு சிறப்பு வழி ➤ கங்காரு தாய் பராமரிப்பு என்பது குழந்தைக்கு தேவையான கதகதப்பு, தாய்பால், சுத்தமாக சுற்றுச்சூழல் 	விளக்கி மற்றும் விவாதித்தல்	கவனித்தல்	காணொலி திரை

வ.எண்	குறிப்பிட்ட குறிக்கோள்	நேரம்	உள்ளடக்கம்	ஆசிரியர் செயல்பாடு	சுற்றல் செயல்பாடு	போதனை உபகரணங்கள்
2	வரிசைபடுத்த பைபட்ட கங்காரு தாய் பராமரிப்பின் கூறுகள்	3நிமி	<p>மனித்தொடர்பு மற்றும் பாதுகாப்பு ஆகியவற்றை பூர்த்தி செய்வதற்கான ஒரு சிறந்த வழி.</p> <p>➤ இதன் மூலம் குழந்தைகளின் ஆரோக்கியம் மற்றும் நல்வாழ்வை மேம்படுத்த ஊக்குவிப்பதன் மூலம் வெப்ப கட்டுப்பாடு, தாய்பால், மற்றும்பிணைப்பு மேம்படுகிறது</p> <p>கங்காரு தாய் கவனிப்பு கூறுகள்</p> <p>கங்காரு தாய் கவனிப்பில் குழந்தை எப்போதும் தோலோடு தோல் இணைப்பின் மூலமாக வைக்கப்பட்டு, குழந்தைகளின் தேவைகள், தாய்ப்பால், சுத்தமான சுற்றுச்சூழல், மனித தொடர்பு மற்றும் பாதுகாப்பு ஆகியவற்றின் தேவைகளை பூர்த்தி செய்வதற்கான கூறுகள்</p> <ul style="list-style-type: none"> ✓ சருமத்தோடு சருமம் ✓ பிரத்தியோக பாலூட்டுதல் ✓ வெப்ப கட்டுப்பாடு ✓ தொற்று நோய் கட்டுப்பாடு 	விளக்குதல் மற்றும் தெளிவுபடுத்தல்	கவனித்தல் மற்றும் தீவிரமாக பங்கேற்பது	காணொலி திரை

வ.எண்	குறிப்பிட்ட குறிக்கோள்	நேரம்	உள்ளடக்கம்	ஆசிரியர் செயல்பாடு	கற்றல் செயல்பாடு	போதனை உபகரணங்கள்
3	வரிசைபடுத்தப் பட்ட கங்காரு தாய் பராமரிப்பின் நோக்கம்	5 நிமி	கங்காரு தாய் பராமரிப்பின் நோக்கம் <ul style="list-style-type: none"> ➤ கங்காரு தாய் கவனிப்பு ➤ குழந்தை இறப்பை குறைகிறது. ➤ கங்காரு தாய் பராமரிப்பு தொற்று மற்றும் செப்சிஸிஸ், நோசோகாமியா நோய்த்தாக்கம், தாழ்வெலும்பு மற்றும் குறைந்த சுவாசக் குழாய் தொற்று ஆகியவற்றின் வீகிதத்தை குறைக்கிறது. ➤ கங்காரு தாய் பராமரிப்பு மேம்படுத்தப்பட்ட எடை அதிகரிப்பு, நீளம் மற்றும் தலை சுற்றளவு அதிகரிப்பு, மேம்படுத்தப்பட்ட தாய்ப்பால், தாய் குழந்தை பிணைப்பு அதிகரிக்கிறது . உணர்வையும் பூர்த்தி செய்கிறது. 	விளக்கி மற்றும் விவாதித்தல்	கவனித்தல் மற்றும் குறிப்புகள் எடுத்தல்	காணொலி திரை
4	கங்காரு தாய் பராமரிப்பின் பயன்கள்	10 நிமி	கங்காரு தாய் பராமரிப்பு நன்மைகள் <ul style="list-style-type: none"> ➤ கங்காரு தாய் பராமரிப்பு வெப்பகட்டுப்பாட்டுக்கு உதவுகிறது ➤ கங்காரு தாய் கவனிப்பு காலம் தாய்ப்பால் மற்றும் ஊட்டச்சத்து விகிதம் அதிகரிக்கும். கங்காரு தாய் கவனிப்பு குழந்தையின் அனைத்து 	விளக்கி மற்றும் விவாதித்தல்	கவனித்தல் மற்றும் குறிப்புகள் எடுத்தல்	காணொலி திரை

வ.எண்	குறிப்பிட்ட குறிக்கோள்	நேரம்	உள்ளடக்கம்	ஆசிரியர் செயல்பாடு	சுற்றல் செயல்பாடு	போதனை உபகரணங்கள்
4	கங்காரு தாய் பராமரிப்பின் பயன்கள்	10 நிமி	<ul style="list-style-type: none"> ➤ கங்காரு தாய் கவனிப்பு குழந்தைக்கு மூச்சுத்திணறல் ஏற்படுவதை தவிர்க்கிறது . ➤ கங்காரு தாய் பராமரிப்பு மருத்துவமனை நோய்த்தொற்றுக்கு மற்றும் கடுமையான நோய்களின் தாக்கங்களை குறைக்கிறது மற்றும் குழந்தை பருவத்தில் நிமோனியா ஏற்படுவதை தவிர்க்கிறது . ➤ கங்காரு தாய் பராமரிப்பு காலத்தில் தினசரி எடை அதிகரிக்கும், இதனால் மருத்துவமனைக்கு வரும் காலம் குறைகிறது. ➤ கங்காரு தாய் பராமரிப்பு கங்காருவின் போது குறைவான மன அழுத்தம் அளிப்பதன் காரணமாக சிறந்த தாய் மற்றும் குழந்தை இணைப்பை அதிகரிக்கிறது. ➤ கங்காரு தாய் பராமரிப்பு என்பது குழந்தைகளை ஓரிடத்தில் இருந்து கொண்டு செல்வதற்கான சிறந்த வழி 	விளக்கி மற்றும் விவாதித்தள்	கவனித்தல் மற்றும் குறிப்புகள் எடுத்தல்	காணொலி திரை

வ.எண்	குறிப்பிட்ட குறிக்கோள்	நேரம்	உள்ளடக்கம்	ஆசிரியர் செயல்பாடு	சுற்றல் செயல்பாடு	போதனை உபகரணங்கள்
5	கங்காரு தாய் பராமரிப்பக் கான செயல்முறை விளக்கவும்	16நிமி	<p>➤ கங்காரு தாய் பராமரிப்பு மூலம் தாயின் உணர்வை அதிகரித்து, நம்பிக்கையை, சுய மரியாதையை, நிறைவேற்றும் உணர்வு மற்றும் ஆழமான திருப்தி மற்றும் அமைதி அதிகரிக்கிறது.</p> <p>➤ செயற்கை காப்பகம் பராமரிப்பு ஒப்பிடும்போது கங்காரு தாய் பராமரிப்புக்கு கூடுதல் ஊழியர்கள் தேவையில்லை.</p> <p>செயல்முறை ஆதரவு</p> <ul style="list-style-type: none"> • கங்காரு தாய் கவனிப்பைத் தொடர அம்மாவுக்கு உந்துதல் தேவை. • கவலைகளை அகற்றுவதற்கு கேள்விகளைக் கேட்பதற்கு அவர் ஊக்கப்படுத்தப்பட வேண்டும் <p>தனியுரிமை தனியுரிமையை பராமரிப்பது தாயின் நடுக்கத்தையும், மனஉளைச்சலையும் அகற்றுகிறது.</p>	விளக்கி மற்றும் விவாதித்தள்	கவனித்தல் மற்றும் தீவிரமாக பங்கேற்பது	காணொலி திரை, மாதிரிகள்

வ.எண்	குறிப்பிட்ட குறிக்கோள்	நேரம்	உள்ளடக்கம்	ஆசிரியர் செயல்பாடு	கற்றல் செயல்பாடு	போதனை உபகரணங்கள்
5	கங்காரு தாய் பராமரிப்பக்கான செயல்முறை விளக்கவும்		<p>ஆலோசனை:</p> <p>தாயின் ஒத்துழைப்போடு செவிலியர்களால் மருத்துவர்களால் ஆலோசனை வழங்கப்பட்டு கண்காணிக்கப்பட வேண்டும்.</p> <p>1.கங்காரு தாய் பராமரிப்புக்கு நன்மைகளை விளக்குங்கள்.</p> <p>2.தாயிடம் செயல்முறை காட்டுங்கள் அம்மா கேட்ட கேள்விகளுக்கு பதிலளிக்கவும்.</p> <p>3.கங்காரு தாய் பராமரிப்பு ஏற்கனவே பயிற்சி பெற்றவர்களுடன் தொடர்பு கொள்ள தாயை அனுமதிக்கவும்.</p> <p>4.கணவருக்கு நடைமுறை பற்றி விவாதிக்கவும் தாய் தன்னைத் தானே தயாரிக்க வேண்டும், அதற்கேற்ப ஆடை அணிவிக்க வேண்டும்.</p> <p>தகுதி வரம்பு : தாய்மார்களுக்கு</p> <ul style="list-style-type: none"> வயது, கல்வி கலாச்சாரம் மற்றும் மதம் ஆகியவற்றைத் தவிர எல்லா தாய்மார்களும் தாய் நோய் இல்லாமல் இருக்க வேண்டும் கங்காரு தாய் பராமரிப்பு வழங்குவதற்கு அவர் தயாராக இருக்க வேண்டும். 	விளக்கி மற்றும் விவாதித்தல்	கவனித்தல் மற்றும் தீவிரமாக பங்கேற்பது	காணொலி திரை மாதிரிகள்

வ.எண்	குறிப்பிட்ட குறிக்கோள்	நேரம்	உள்ளடக்கம்	ஆசிரியர் செயல்பாடு	கற்றல் செயல்பாடு	போதனை உபகரணங்கள்
5	கங்காரு தாய் பராமரிப்பக்கான செயல்முறை விளக்கவும்		<ul style="list-style-type: none"> அவர் நல்ல சுகாதார பராமரிக்க வேண்டும், தினசரி குளியல், உடைகள் மாற்றம், கை தூய்மை, குறுகிய மற்றும் சுத்தமான விரல்கள் மற்றும் நகங்கள் முதலியன. <p>கங்காரு தாய் பராமரிப்பக்கான தயாரிப்பு தாய்மார்கள் ஆடை</p> <ul style="list-style-type: none"> தாய் முன் திறந்த பருத்தி உடைகள் அணிய வேண்டும் கலாச்சாரம் படி மெல்லிய உடை அணியலாம் தாய் சாரி, ரவிக்கை கவுன் மற்றும் சால்வ் அணியலாம் <p>குழந்தைஆடை</p> <ul style="list-style-type: none"> தொப்பி, காலுறை, கையுறை ஆகியவற்றைத் தவிர்த்து வேறு எந்த துணிகளையும் அணியக்கூடாது. குழந்தை டயபர் அணிய வேண்டும். <p>கங்காரு நிலை</p> <ol style="list-style-type: none"> தாயின் மார்பின் நடுவில் குழந்தையை மேல்நோக்கிய நிலையில் வைக்க வேண்டும். குழந்தையின் தலையை ஒரு பக்கமாக திருப்பிவைக்க வேண்டும் 	விளக்கி மற்றும் விவாதித்தல்	கவனித்தல் மற்றும் தீவிரமாக பங்கேற்பது	காணொலி திரை மாதிரிகள்

வ.எண்	குறிப்பிட்ட குறிக்கோள்	நேரம்	உள்ளடக்கம்	ஆசிரியர் செயல்பாடு	கற்றல் செயல்பாடு	போதனை உபகரணங்கள்
	கங்காரு தாய் பராமரிப்பக்கான செயல்முறை விளக்கவும்		<p>3. தலை சற்று நீட்டிக்கப்பட்ட நிலையில் வைப்பதல் இதன் மூலம் சுவாசப்பாதையும், தாயின் மற்றும் குழந்தையின் கண்ணோடு கண் தொடர்பும் அனுமதிக்கிறது.</p> <p>4. தவளைபோன்ற நிலையில் குழந்தையின் இடுப்பையும் தாயின் தாயின் மார்பகத்தின் மிது வைக்கவும்</p> <p>5. குழந்தையின் அடிவயிறு தாயின் மேல் இரைப்பை மேல் படற வேண்டும்.</p> <p>6. குழந்தையை கங்காரு தாய் பராமரிப்புக்கு பிரத்தேக துணி கொண்டு இணைத்து தொங்கவிடவேண்டும்.</p> <p>தாயின் நிலை:</p> <ul style="list-style-type: none"> • கங்காரு தாய் பராமரிப்பு நிலையில், தரையில் இருந்து 15 முதல் 30 டிகிரி படிப்படியாக அல்லது பாதி படுக்கை நிலையில் இருக்கும். • தாய்க்கு வசதியான நாற்காலியும், பின்புறம் ஒத்துப்போக்குடிய நாற்காலி . பயனுள்ளதாக இருக்கும் • துங்கும் நிலையில் உள்ள குழந்தையின் பிரத்தேக துணியின் உதவிகொண்டு ஓரிடத்தில் இருந்து ஓரிடத்தற்கு எடுத்து செல்ல பயண்படுத்தலாம். 	விளக்கி மற்றும் விவாதித்தல்	கவனித்தல் மற்றும் தீவிரமாக பங்கேற்பது	காணொலி திரை மாதிரிகள்

வ.எண்	குறிப்பிட்ட குறிக்கோள்	நேரம்	உள்ளடக்கம்	ஆசிரியர் செயல்பாடு	கற்றல் செயல்பாடு	போதனை உபகரணங்கள்
5.	கங்காரு தாய் பராமரிப்பக்கான செயல்முறை விளக்கவும்		<p>கங்காரு தாய் பராமரிப்பு போது கண்காணித்தல்</p> <ul style="list-style-type: none"> கங்காரு தாய் பராமரிப்பு போது குழந்தை சுவாசம், நிறம் மற்றும் வெப்பநிலைக்யை கண்காணிக்க வேண்டும். கைகள் மற்றும் கால்களின் சூடானா நிலையை மதிப்பீடு செய்ய வேண்டும். வழக்கமான மூச்சு சாதாரண தோல் நிறம் மற்றும் வெப்பநிலையுடன் சுவாசப்பாதை தெளிவாக இருக்க வேண்டும். குழந்தையின் கழுத்து மிகவும் மடக்கவோ அல்லது நீட்டிக்கப்படவோ கூடாது. <p>நேர்மறை அறிகுறிகள்</p> <ul style="list-style-type: none"> மூச்சுத்திணறல் மற்றும் நோய் தொற்று இதை தவிர்க்கவும். மார்பகப் பால் பிரத்தியேகமாக ஊட்டங்கள். 15 முதல் 20 கிராம் / கிலோ/ எடை அதிகரிக்கும். <p>சாதாரண உடல் வெப்பநிலை பராமரிக்கிறது</p>	விளக்கி மற்றும் விவாதித்தல்	கவனித்தல் மற்றும் தீவிரமாக பங்கேற்பது	காணொலி திரை மாதிரிகள்

வ.எண்	குறிப்பிட்ட குறிக்கோள்	நேரம்	உள்ளடக்கம்	ஆசிரியர் செயல்பாடு	கற்றல் செயல்பாடு	போதனை உபகரணங்கள்
5.	கங்காரு தாய் பராமரிப்பக்கான செயல்முறை விளக்கவும்		<p>பாலூட்டல்</p> <ul style="list-style-type: none"> தாய்ப்பால் கொடுக்கும் போது மார்பகத்திற்கு அருகே குழந்தையை வைத்தால் பால் உற்பத்தியை அதிகரிக்கிறது. கங்காருநிலை மார்பகத்தை எளிதாக்குகிறது. <p>துவக்க நேரம்</p> <ul style="list-style-type: none"> கங்காரு தாய் பராமரிப்பு குழந்தை பிறந்தவுடன் ஆரம்பிக்கப்பட வேண்டும். <p>கங்காரு தாய் பராமரிப்பு காலம்</p> <ul style="list-style-type: none"> கங்காரு தாய் பராமரிப்பு காலம் ஒரு மணிநேரத்திற்கு குறைவாக இருக்கக்கூடாது, அடிக்கடி கையாளுவதைத் தவிர்ப்பது, இது குழந்தைக்கு மன அழுத்தம் தரக்கூடும் கங்காரு தாய் பராமரித்தல் ஒரு நாளில் முடிந்தவரை நீண்ட காலத்திற்கு வழங்கப்பட வேண்டும், ஆனால் ஒரு மணி நேரத்திற்கு குறைந்தது 3 அமர்வுகளை செய்ய வேண்டும். கங்காரு தாய் பராமரிப்பு அமர்வு படிப்படியாக 24 மணி நேரம் வரை அதிகரிக்க வேண்டும். இடைதுணி மாற்றுவதற்கு மட்டுமே குறுக்கீடு செய்ய முடியும் 	விளக்கி மற்றும் விவாதித்தல்	கவனித்தல் மற்றும் தீவிரமாக பங்கேற்பது	காணொலி திரை மாதிரிகள்

வ.எண்	குறிப்பிட்ட குறிக்கோள்	நேரம்	உள்ளடக்கம்	ஆசிரியர் செயல்பாடு	கற்றல் செயல்பாடு	போதனை உபகரணங்கள்
6	கங்காரு தாய் பராமரிப்பின் தொடர் பராமரிப்பை பட்டியல்	3 நிமி	<p>தொடர் பராமரிப்பின் அறிவுரைகள்</p> <ul style="list-style-type: none"> ➤ குழந்தை வாரம் ஒருமுறை அல்லது வாரம் இரு முறையவது மருத்துவரிடம் ஆலோசனை செய்ய வேண்டும். ➤ பின் ஒரு முறை 2-4 வாரங்கள் வரை 3 மாதங்கள் முதிர்ச்சியுள்ள வயது வரை மருத்துவரிடம் ஆலோசனை செய்ய வேண்டும். ➤ தாய் குளிர்ந்த காலங்களில், குழந்தையைசருமத்தோடு சருமம் இணையும் முறையை கண்டிப்பாக கடைபிடிக்க வேண்டிம். ➤ மருத்துவ மனையிலிருந்து வீட்டிற்கு சென்றபின்னரும் கங்காரு தாய் பராமரிப்பு தொடர்ந்து இருக்கவேண்டும், இதன் மூலம் குழந்தை ஏற்படும் பிரச்சனைகளை தீர்ப்பதற்கும், சுகாதார மையத்தை மதிப்பீடு செய்வதற்கும் ஏதுவாக இருக்கும். 	விரிவுரையாற்று தல்	கவனித்துக் சந்தேகித்தேன் கேட்டுடறிதல்	காணொலி திரை

வ.எண்	குறிப்பிட்ட குறிக்கோள்	நேரம்	உள்ளடக்கம்	ஆசிரியர் செயல்பாடு	கற்றல் செயல்பாடு	போதனை உபகரணங்கள்
		2 நிமி	<p>முடிவுரை:</p> <p>கங்காரு தாய் கவனிப்பு என்பது தோலோடு தோல் இணைப்பின் மூலமாக குழந்தைகளை பராமரிப்புக்காக ஒரு சிறப்பு வழி . கங்காரு தாய் கவனிப்பு, குழந்தைகளின் தேவைகள், தாய்ப்பால், சுத்தமான சுற்றுச்சூழல், மனித தொடர்பு மற்றும் பாதுகாப்பு ஆகியவற்றின் தேவைகளை பூர்த்தி செய்வதற்கான ஒரு சிறந்த, எளிதான வழியாகும்.</p>	முடிவுரையாற்றுவதல்	கவனித்துக் சந்தேகித்தேன் கேட்டுடறிதல்	காணொலி திரை

உள்ளடக்கம் சுருக்கம்

இந்த வகுப்பில் நாம் கங்காரு தாய் பராமரிப்பின் வரையறை , கூறுகள், நன்மைகள் மற்றும் குழந்தை மற்றும் தாய், தகுதி, தாய் மற்றும் குழந்தை மற்றும் செயல்முறை தயாரித்தல், மற்றும் கங்காரு தாய் பராமரிப்பு ஆலோசனைகள் பற்றி அறிந்துகொண்டோம்

மதிப்பீடு: வரையறுக்கப்பட்ட வினாக்களுக்கு பதில் அளித்தல்

DATA TABULATION ANSWER SHEET PRE TEST

Sheet - 1

S.No.	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	CORRECT ANSWER	NUMBER OF CORRECT ANSWER			
1	C	D	C	D	A	D	D	B	D	C	D	D	A	D	C	B	D	A	A	D	C	C	D	D	D	D	A	D	D	D	C	D	D	A	D	D	C	D	D	D	D	D	D	A	D	D	D	D	B	2					
2	A	B	C	B	A	B	B	C	B	B	A	A	A	B	B	B	C	B	B	B	B	B	A	B	B	A	B	C	B	B	B	A	B	B	B	B	A	B	B	B	C	A	B	B	C	B	B	C	B	A	10				
3	A	A	C	A	D	C	C	B	B	A	A	C	C	C	A	D	B	B	B	A	A	C	A	D	C	A	B	B	A	C	B	D	C	A	D	B	D	B	D	C	A	A	C	C	C	A	B	C	C	B	C	16			
4	A	A	B	A	B	D	A	B	B	A	D	A	A	B	B	A	D	D	A	C	A	A	B	D	A	B	B	B	A	D	A	B	B	A	C	A	B	A	C	A	A	B	A	A	B	A	A	D	A	A	D	7			
5	C	C	C	C	A	A	B	A	D	C	C	D	B	A	A	C	C	C	C	C	C	C	C	A	D	B	D	C	C	A	A	C	D	D	C	C	A	A	A	B	C	C	C	B	A	D	C	C	C	C	C	B	5		
6	A	A	A	A	A	A	C	D	B	B	B	C	A	D	A	A	A	A	D	B	C	A	A	B	B	C	A	A	A	D	C	A	A	A	B	B	D	A	A	B	C	A	B	A	A	A	A	B	A	A	B	A	A	B	11
7	B	B	C	C	C	C	C	D	C	D	A	C	C	C	C	D	D	B	B	D	A	C	C	C	C	C	D	B	B	B	C	B	B	D	C	A	C	D	B	B	B	C	C	C	D	D	D	B	C	C	A	3			
8	B	B	D	C	C	C	C	A	B	B	A	A	D	C	A	C	C	D	B	C	B	B	D	C	C	C	A	D	B	B	D	C	A	D	C	C	A	D	B	C	B	B	A	A	A	D	B	A	C	C	A	11			
9	A	B	C	C	C	C	C	C	D	C	A	D	C	C	C	C	B	A	A	D	C	C	C	C	C	C	C	C	A	A	C	D	B	C	C	C	A	D	C	C	D	C	C	A	D	C	D	D	C	C	B	3			
10	B	C	C	C	C	C	C	C	A	D	B	A	C	C	C	C	C	C	D	A	B	C	C	C	C	D	B	A	C	A	C	C	C	C	B	B	C	C	A	C	B	B	C	C	B	C	C	C	C	C	C	C	A	6	
11	B	C	C	C	B	B	A	C	C	C	D	B	A	B	C	C	C	C	D	B	C	D	B	C	B	A	C	B	D	B	C	C	C	C	B	B	D	B	C	A	A	C	C	C	B	B	B	B	C	B	B	B	A	5	
12	C	B	C	C	C	D	A	C	C	D	D	C	C	A	B	C	C	C	D	C	A	A	C	D	B	C	C	D	C	B	D	C	C	C	D	C	C	A	C	C	D	C	C	B	C	C	A	D	C	C	A	6			
13	A	A	A	A	B	A	A	B	A	B	B	A	A	A	A	A	A	B	B	A	A	A	A	A	B	A	B	B	A	B	B	A	A	A	A	B	B	B	B	B	B	B	B	A	A	A	B	A	B	B	A	C	0		
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15	A	B	B	B	A	B	D	B	B	B	D	A	B	B	B	D	A	B	B	D	B	A	B	B	D	B	B	B	D	A	A	D	B	B	B	D	D	D	B	D	D	B	D	D	D	D	D	C	A	C	B	2			
16	A	A	A	B	A	A	A	A	B	B	C	C	A	A	B	B	A	A	C	D	C	B	A	B	A	A	C	A	B	C	C	B	A	A	A	D	A	A	C	C	C	B	A	C	A	B	B	A	A	A	A	A	25		
17	A	B	B	A	D	C	A	A	A	B	B	C	A	A	A	A	D	B	B	B	B	D	C	D	A	A	C	B	B	C	A	A	C	A	A	B	D	C	B	B	A	C	D	A	C	A	D	C	C	C	B	13			
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20	A	B	B	A	A	B	B	B	A	B	B	A	A	B	A	B	A	B	B	A	A	A	B	A	B	B	B	B	D	A	A	B	B	A	A	A	A	B	B	C	B	B	B	B	B	A	B	B	A	A	A	A	C	1	

DATA TABULATION
DATA TABULATION
SCORE SHEET
PRE TEST

Sheet - 2

S.No.	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	
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11	0	0	0	0	0	1	0	1	0	0	1	1	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	1	1	0	0	0	0	0	0	0	0	0		
12	0	0	0	0	0	1	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	1	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	1	0	0	0			
13	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
14	0	0	0	1	1	1	0	0	0	0	1	1	1	1	0	1	1	0	0	0	0	1	1	1	0	0	0	0	0	0	0	1	1	0	0	0	0	0	1	0	0	1	1	1	0	0	0	0	0	1	
15	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	1		
16	0	1	1	1	1	1	1	0	0	0	0	1	1	1	0	0	0	1	0	0	0	1	0	1	1	0	1	0	0	0	0	1	1	1	0	1	1	0	0	0	0	1	0	1	0	0	1	1	1		
17	0	1	1	0	0	0	0	0	1	1	0	0	0	0	0	0	1	1	1	1	0	0	0	0	0	0	0	1	1	0	0	0	0	0	0	1	0	0	1	1	0	0	0	0	0	0	0	0	0		
18	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	1	0	0	0	0	0	0	1	0	0	0	1	1	0	0	0	1	0	0	1	1	0	0	0	0		
19	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	1	0	1	0	1	0	0	0	0	1	0	0	0	1	1	0	0	0	1	0	1	0	0	0	1	0	0	0	1	0	1	0	0	1		
20	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
Total	2	3	3	1	3	4	5	3	2	2	6	5	6	4	2	1	4	5	2	3	3	2	3	3	7	3	1	3	2	4	1	3	4	1	2	5	3	4	4	4	6	1	1	7	4	5	0	2	6	2	4

DATA TABULATION ANSWER SHEET POST TEST

Sheet - 3[illegible]

DATA TABULATION SCORE SHEET POST TEST

Sheet – 4

S.No.	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	
1	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
2	1	0	0	0	1	0	0	0	0	0	1	1	1	0	0	0	0	0	0	0	0	0	1	0	0	1	0	0	0	0	0	1	0	0	0	0	0	1	0	0	0	0	1	0	0	0	0	0	0	0	
3	0	0	1	0	0	1	1	0	0	0	0	1	1	1	0	0	0	0	0	0	0	1	0	0	1	0	0	0	0	1	0	0	1	0	0	0	0	0	0	1	0	0	1	1	1	0	0	1	1	0	
4	0	0	0	0	0	1	0	0	0	0	1	0	0	0	0	0	1	1	0	0	0	0	0	1	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	
5	0	0	0	0	0	0	1	0	0	0	0	1	1	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	1	0	0	0	0	0	0		
6	0	0	0	0	0	0	0	0	1	1	1	0	0	0	0	0	0	0	1	1	0	0	0	1	1	0	0	0	0	0	0	0	0	1	1	0	0	0	1	0	0	1	0	0	0	0	1	0	0		
7	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0		
8	0	0	0	0	0	0	0	1	0	0	1	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	1	0	0	1	0	0	0	0	0	1	1	1	0	0	1	0	0		
9	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
10	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	1	0	0	0	0	0	0	0	1	0	1	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0		
11	0	0	0	0	0	0	1	0	1	0	0	1	1	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	1	1	0	0	0	0	0	0	0	0	0		
12	0	0	0	0	0	0	1	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	1	1	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	1	0	0	0		
13	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
14	0	0	0	1	1	1	0	0	0	0	0	1	1	1	1	0	1	1	0	0	0	0	1	1	1	0	0	0	0	0	1	1	0	0	0	0	0	0	1	0	0	1	1	1	0	0	0	0	0	1	
15	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	1	
16	0	1	1	1	1	1	1	0	0	0	0	1	1	1	0	0	0	1	0	0	0	0	0	1	0	1	1	0	1	0	0	0	1	1	1	0	1	1	0	0	0	0	1	0	1	0	0	1	1	1	
17	0	1	1	0	0	0	0	0	1	1	0	0	0	0	0	0	0	1	1	1	1	0	0	0	0	0	0	1	1	0	0	0	0	0	0	1	0	0	1	1	0	0	0	0	0	0	0	0	0	0	
18	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	1	0	0	0	0	0	0	0	1	0	0	1	1	0	0	1	0	0	1	1	0	0	0	0	0		
19	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	1	0	1	0	0	0	0	0	1	0	0	0	1	1	0	0	0	1	0	1	0	0	0	1	0	0	0	1	0	1	0	0	1		
20	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
Total	2	3	3	1	3	4	5	3	2	2	6	5	6	4	2	1	4	5	2	3	3	2	3	3	7	3	1	3	2	4	1	3	4	1	2	5	3	4	4	4	6	1	1	7	4	5	0	2	6	2	4

DATA TABULATION FOR ASSOCIATION

Sheet - 5

Sample No.	Age	Religion	Marriage	Education of mother	Education of father	Occupation of mother	Occupation of father	Type of family	Type of diet	Source of health information	Gravida	Gestational age	Number of antenatal checkup	Pre test knowledge	Post test knowledge	Pre attitude	Post attitude
1	A	B	A	B	C	B	B	A	B	A	B	B	A	2	17	33	51
2	B	C	A	C	E	D	C	B	B	D	A	B	A	1	16	36	49
3	B	B	A	B	B	B	B	A	B	A	A	C	A	3	18	22	48
4	A	B	A	D	E	C	C	B	B	A	C	B	C	5	20	34	59
5	C	B	A	E	C	D	B	B	A	A	B	C	A	4	18	24	60
6	A	C	B	A	B	B	A	A	B	A	A	B	C	3	16	21	51
7	B	B	B	B	C	B	B	B	B	A	A	C	A	3	17	20	51
8	C	B	A	C	E	C	B	B	B	D	A	B	C	1	17	32	54
9	A	A	A	C	C	A	B	A	B	A	B	B	A	7	18	22	52
10	D	D	A	B	C	B	A	B	B	B	A	B	C	1	15	28	49
11	A	B	B	C	C	A	B	C	B	A	B	B	A	2	17	24	48
12	C	B	A	C	E	D	C	B	B	A	B	C	A	3	16	31	49
13	C	A	B	D	E	C	C	A	B	D	A	B	A	4	20	26	60
14	A	D	A	A	B	B	B	A	B	A	A	B	A	1	18	22	48
15	A	D	B	C	C	D	B	B	B	A	B	B	C	6	17	28	50
16	C	B	A	C	A	A	D	B	B	D	A	C	A	1	16	31	48
17	D	B	B	E	B	C	B	A	3	A	B	B	C	5	20	30	59
18	A	B	A	C	C	B	B	A	B	A	A	C	A	3	15	21	53
19	A	B	A	B	A	B	B	A	B	D	A	B	B	4	17	36	51
20	D	D	A	E	C	D	D	B	B	A	A	B	A	5	19	22	58
21	A	D	A	C	E	A	C	B	B	A	B	B	A	1	18	34	53
22	B	B	B	C	B	B	B	C	B	A	A	C	A	4	15	29	53
23	B	B	A	E	C	D	A	B	B	D	C	B	C	1	19	34	59
24	B	A	B	B	D	A	C	C	A	A	A	C	A	3	20	27	55
25	A	B	A	C	B	B	B	B	B	A	A	B	A	4	16	25	52
26	C	D	B	E	C	D	B	C	B	A	A	C	A	1	20	31	60
27	C	B	A	A	A	B	D	B	B	D	A	B	A	1	18	29	49
28	B	D	A	C	C	B	B	C	B	A	C	C	B	3	17	24	53
29	C	B	A	B	C	D	D	B	B	B	A	B	A	5	14	32	50
30	B	D	B	C	E	B	C	C	B	A	A	B	A	2	18	28	52
31	C	B	A	C	C	B	B	B	B	A	B	C	A	1	19	36	53
32	B	B	B	D	E	C	B	C	B	B	A	C	B	1	18	26	58
33	A	B	A	B	A	B	D	B	B	A	B	B	A	3	17	25	55
34	B	D	B	C	C	B	D	C	B	C	A	C	C	0	17	28	49
35	C	B	B	C	C	A	B	B	B	B	C	C	C	1	16	24	49
36	B	B	B	C	B	B	A	A	B	C	A	B	A	3	17	32	55
37	B	B	A	B	A	B	B	A	B	D	B	B	C	0	20	27	46
38	A	D	B	C	B	A	D	C	B	B	A	B	B	4	18	33	49
39	D	B	B	C	A	D	B	B	B	D	B	B	B	3	17	22	48
40	B	A	B	A	A	A	A	B	B	D	A	B	C	2	15	20	47
41	D	B	A	B	B	B	B	C	B	D	C	B	B	2	14	28	53
42	B	D	B	D	E	C	D	A	B	C	B	B	C	2	19	31	60
43	C	B	B	C	B	A	B	B	B	D	A	B	C	5	17	27	53
44	B	D	A	C	B	B	A	C	B	D	B	B	B	1	18	30	52
45	C	B	A	C	A	B	A	A	B	C	A	B	B	1	18	32	50
46	A	B	B	B	B	B	C	A	B	D	B	C	A	3	19	28	48
47	B	B	A	C	E	B	B	B	B	A	A	B	B	2	20	27	51
48	C	B	B	C	B	B	D	B	B	B	B	B	A	3	19	31	52
49	D	B	A	C	A	B	A	A	B	C	A	B	C	2	18	24	56
50	B	D	B	C	B	B	D	A	B	C	C	B	B	4	17	28	56

PHOTOGRAPHS OF THE STUDY

OBTAINING PERMISSION FROM THE MEDICAL OFFICER AT COMMUNITY HEALTH CENTRE,DEVIKULAM TO CONDUCT RESEARCH STUDY.



COLLECTING DEMOGRAPHIC DATA FROM THE ANTENATAL MOTHERS



CONDUCTING PRE TEST WITH THE ANTENATAL MOTHERS



PROCEDURE DEMONSTRATION DURING STRUCTURED VIDEO ASSISTED TEACHING PROGRAMME





RETURN DEMONSTRATION BY ANTENATAL MOTHERS



POST TEST FOR ANTENATAL MOTHERS

